



Admissions Office

2 Montessori Way
Camden, South Carolina 29020
Phone: 803.432.6828 Fax: 803.432.6422

Student Records Request

Parent Portion

I hereby authorize _____ (name of school) / _____ (school district) to release the records listed below for my child:

Last Name	First Name	Middle Initial	Date of Birth
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to the Montessori School of Camden. I certify that all information provided is true to the best of my knowledge.

My child has an IEP, 504 or ELL Plan or is in the process of receiving one at this time. YES NO
Circle ONE

Parent/Guardian Signature Date

MSC Office Portion

Please release the following records:

<input type="checkbox"/> Cumulative School Records	<input type="checkbox"/> Psychological Records (if applicable)
<input type="checkbox"/> Withdrawal Grades to Date	<input type="checkbox"/> Special Education Records (if applicable) (IEP)
<input type="checkbox"/> State / National Standardized Test Scores	<input type="checkbox"/> 504 (if applicable)
<input type="checkbox"/> Attendance & Discipline Records	<input type="checkbox"/> ELL Accommodation Plan (if applicable)
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> ELL State Language Proficiency Test Scores
<input type="checkbox"/> Home Language Survey	<input type="checkbox"/> ELL Initial Placement
<input type="checkbox"/> Health and Immunization Records	<input type="checkbox"/> Screener Information
<input type="checkbox"/> Gifted and Talented Profile Sheet (if applicable)	

Person completing form _____ Title _____

If you have any questions or you are unable to provide the requested information, please contact Krista Adams, Receptionist / Admissions at 803-432-6828 or admissions@montessori-camden.com

1st Request _____
2nd Request _____
Records Rec'd _____