



Bridgeview Montessori School

Dear Prospective Family,

Please fill out, sign below and forward to your child's current school.

By signing below you authorize your child's current school to send ***copies*** of his/her school records to us for review in admission consideration.

If you choose to enroll your child at Bridgeview Montessori, we will send you a Student Records Transfer Request form to fill out authorizing your child's current school to transfer his/her school records to Bridgeview Montessori School.

Student Records Request

(submit to current school administration)

_____ is interested in applying to our school.
(Print Student's Name)

Please forward to Bridgeview Montessori School as soon as possible a COPY of this student's (current and past two years):

- Progress Reports / Report Cards
- Attendance
- Test Scores
- Evaluations
- Recommendations
- Individual Education Plan other pertinent information related to this student
- other pertinent information related to this student

Please email to: Suzanne Lawson, Director of Admission, at slawson@bridgeviewmontessori.org
or

Please send to: Bridgeview Montessori School
P. O. Box 270
Sagamore, MA 02561-0270

Please fax to: 508-888-4940
or

Thank you.

Print name of parent or guardian signing below

Date

Parent or Guardian signature

