



Alexandria Montessori
School

RECORDS RELEASE FORM 2023-2024

I am requesting that a copy of the transcripts and health records for _____
(student)
be sent from _____ located at _____ to
(former school name) (address)

Alexandria Montessori School, 175 E. Franklin St, Centerville, OH 45459

Student's previous school administrator, please answer the following questions:

Do you know of any reason(s) why this applicant should not be accepted to Alexandria Montessori School?

No _____ Yes _____ (please explain)

Is the applicant in good financial standing with your school? _____ Yes _____ No
If not, what is the balance due? _____

We appreciate your attention to this matter.

Sincerely,
Karen F. Graham
Director

I hereby give my permission for the records mentioned above to be sent to *Alexandria Montessori School*.

Parent's signature

Date