

# Renaissance School

*Inspiring individuals to express their unique potential with purpose, passion and vision*

37 Barkley Circle  
Fort Myers, Florida 33907  
239-275-2022  
[www.montessorichild.org](http://www.montessorichild.org)

## Student Records Release

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Name of Last School Attended \_\_\_\_\_

Address \_\_\_\_\_

Please send the following information as soon as possible:

- Transcript/Progress Report
- Withdrawal Grades
- Health Records
- Psychological Reports
- Local and National Test Scores
- Conduct Report
- Teacher Reference

I give my permission for the release of the above stated records concerning my child to Renaissance School.

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Signature of Parent/Guardian

Date