



# Quest Montessori School

## RELEASE OF STUDENT RECORDS

Please complete and mail this form to the student's current school.  
The purpose of this form is to enroll or transfer to a new school.

I give my permission to Quest Montessori School to:

Release: \_\_\_\_\_ Obtain: \_\_\_\_\_ (check one)

The following records of my child, \_\_\_\_\_,

To: \_\_\_\_\_ From: \_\_\_\_\_ (check one)

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Records to be released:

Student Name: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Official Cumulative Records

\_\_\_\_\_ Special Needs Information

\_\_\_\_\_ Standard & Individual Test Data

\_\_\_\_\_ Health/Immunization Records

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please mail records to:

Quest Montessori School  
PO Box 299  
Exeter, RI 02822

54 Exeter Road  
PO Box 299  
Exeter, RI 02822

**PHONE**  
401.295.4012  
www.questschool.org