

Request for Information

Please complete this form and submit it to your child's current school, along with the Teacher Evaluation Form.

Student's Name

Date of Birth

School Currently Attending

Current Grade

Parent or Guardian's Name

Address

Phone

I authorize the exchange of information about my child with Ruffing Montessori School for admissions purposes. Please send all current information regarding standardized tests, current classroom grades and evaluations and the completed Teacher Evaluation Form (enclosed). I understand that this information will be used in evaluating my child's application and will become the confidential property of Ruffing Montessori School. I further understand that this information will not be transmitted to a third party.

Parent or Guardian's Signature

Date

Please send all appropriate information to:

Ruffing Montessori School
ATTN: Director of Admissions
3380 Fairmount Blvd.
Cleveland Heights, Ohio 44118

Phone: 216-321-7571

Fax: 216-321-7568