



## Request for Student Information

The student listed below is being considered for enrollment at Greensboro Montessori School for the **2019-20** school year.

**Please send us a copy of all** grade reports, subjects taken, and teachers' evaluations. Please also include standardized, educational, or other diagnostic testing results and any other information you believe would be of assistance to us.

### 1) The name and birthdate of the student for which this Request for Student Information applies:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year

### 2) Request submitted to:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 3) Please send all correspondence to:

Rhea Egbert  
Director of Admission  
Greensboro Montessori School  
2856 Horse Pen Creek Road  
Greensboro, NC 27410  
Phone: 336-668-0119  
Fax: 336-665-9531  
rhea.egbert@thegms.org

## Parent or Legal Guardian Signature(s)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_