



Request for Student Information

The student listed below is being considered for enrollment at Greensboro Montessori School for the **2024-25** 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@gms.org

Parent or Legal Guardian Signature(s)

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____