Don Titus Montessori School
WHERE KIDS LEARN TO SHINE!

REQUEST FOR STUDENT RECORDS

DATE: TO:

EMAIL: FROM:

Attention Student Records:

The following student(s) has/have enrolled with (insert school name) starting (insert start date).

LEGAL NAME	DATE OF BIRTH	GRADE

- **Student File:** including report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, student conduct, all safety concerns, suspension letters, records of discipline matters and consequences/interventions, behavior plans and any other pertinent information regarding the student(s).
- **Permanent Student Record Card**
- **Individual Education Plans (IEP):** if there is one for the student.
- **Support Services File (Confidential Files):** if there is one for the student including any confidential or other document pertaining to the above student from Psychologists, Social Worker, Speech/Language Pathologists, Counsellors, etc.

AUTHORIZATION FOR RELEASE OF STUDENT SCHOOL RECORDS

I confirm that I am the parent/guardian of the above-named student(s). I hereby authorize you to Release/share the above noted information about my child with School District 59 and to discuss information relevant to the planning of their school program with School District personnel.

_____	_____	_____
Print Parent/Guardian Name	Parent/Guardian Signature	Date

For schools within BC using MyEd:

- Withdraw student in MyEdBC
- Change Next School in MyEdBC to Don Titus Montessori
- Forward student files and records to Don Titus Montessori

Thank you,

Jamie Buckley
Senior Secretary