



REQUEST FOR CUMULATIVE STUDENT RECORDS

SCHOOL NAME: _____

ADDRESS: _____

CONTACT: _____

PHONE: _____ EMAIL: _____

The following student has enrolled in the Xavier University Montessori Lab School. Please send the student's academic transcript /records, conference and/or behavior reports, testing information including any individualized plans or services received, immunizations and birth certificate.

Last Name	First Name	Middle Name	Birth Date
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We would appreciate the transfer of the aforementioned student's records as soon as possible. Please mail, fax or scan records to:

Montessori Lab School Office
Xavier University Montessori Lab School
1024 Dana Avenue
Cincinnati, OH 45229-6631
Attention: Terri Rehtin
Fax: 513-745-4378
Email: MontessoriLabSchool@xavier.edu

PARENT: I hereby give my permission for the release of records for the above named student.

Parent Signature Date

Xavier University Montessori Lab School

Middle School Application - Teacher Recommendation Form

Please scan and email **this form, test scores, IEP/ 504 or reports** to:

montessorilabschool@xavier.edu

New Student Name _____ School coming from _____

Teacher's name filling out the recommendation form _____

How long have you known this child? _____

Does this student receive any additional support? (Yes/ No)

Does this student have an IEP, 504, or any accommodations or supports? (Yes/ No)

If yes, please explain

Personal Qualities	POOR 1	AVERAGE 2	OUTSTANDING 3
Integrity and honesty			
Consideration of others			
Social adjustment with peers			
Initiative			
Self-confidence			
Cooperation with parents/ guardians			
Willingness to accept constructive criticism			
Personal Qualities	POOR 1	AVERAGE 2	OUTSTANDING 3
Academic potential			
Study habits and time management			
Class Participation			
Intellectual curiosity			
Ability to work independently			
Ability to work in a group			
Ability to follow directions			
Ability to articulate thoughts			
Attention span			

Signature _____

Date _____