



**Ruffing
Montessori School**
Engage. Emerge. Learn for life.

Request for Information

Please complete this form and submit it to your child's current school.

Student's Name: Last

First

Middle

Date of Birth (Month/Day/Year)

Child's current school

Current grade

Parent or Guardian's Name

Address

City

State

Zip Code

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, as well as any disciplinary information, accommodations, or IEP information. 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/Guardian Signature

Date

Please send all appropriate information to:

Director of Admissions

Ruffing Montessori School
3380 Fairmount Boulevard
Cleveland Heights, Ohio 44118

Phone 216 321 7571

Fax 216 321 7568