Rising Star Montessori Academy
DEBI MONTGOMERY, DIRECTOR
440 East Lanier Avenue
Fayetteville, GA 30215
Ph. 770.461.1595
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office@risingstarmontessorischool.com
RISINGSTARMONTESSORI.COM

Rising to Stardom with Education

STUDENT WITHDRAWAL FORM

STUDENT'S FULL NAME: _____ **DOB:** ____/____/____
TEACHER / CLASS: _____ DD MM YYYY

I, _____, hereby withdraw my child, _____,

from Rising Star Montessori Academy. The withdrawal is effective 6:00 P.M. on ____/____/____.
DD MM YYYY

The reason for withdrawing is (check one):

- ☐ We are moving
- ☐ I will be homeschooling my child
- ☐ We have moved to another school district
- ☐ My child will be attending another Montessori school
- ☐ I am transitioning my child to public school
- ☐ My child will be attending a private school
- ☐ My child will be transferring to an alternative school
- ☐ Other: _____

Name of New School: _____

Address of New School: _____

_____ _____
Parent/Legal Guardian Signature *Parent/Legal Guardian Printed Name*
Address: _____

DATED: ____/____/____ _____
DD MM YYYY Phone #: _____

PLEASE COMPLETE THE ATTACHED RECORDS REQUEST IF YOU WOULD LIKE A COPY OF YOUR STUDENT'S RECORDS. ALL RECORDS WILL BE MAILED OR EMAILED TO THE ADDRESS PROVIDED. PLEASE NOTE OUR PROCESSING TIME IS FIVE (5) BUSINESS DAYS. THANK YOU.

-- SCHOOL USE ONLY --

Date Received: ____/____/____

Records Request Received? YES / NO

Record Request Delayed? YES / NO

RECORDS SENT TO:

_____ Tuition Owed: $_____

_____ Withdrawal Fees Owed: $_____

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REQUEST FOR STUDENT RECORDS (PARENT)

Date: _____

I, _____, parent/guardian of the student named below, hereby request my child's records, including school records, psycho-educational evaluations, psycho-social evaluations, and/or medical records and evaluations from the time my child attended RISING STAR MONTESSORI ACADEMY.

I understand that RISING STAR MONTESSORI ACADEMY will not release any enrollment paperwork, intake forms, and/or office work product.

I further understand that this Release of Student Records shall be valid for a period of one (1) calendar year from the date above.

STUDENT NAME: _____

YEAR(S) REQUESTED: _____

RECORDS REQUESTED:
(Check All that Apply)

- ☐ Standard Educational Records
- ☐ Disciplinary Records
- ☐ Attendance Records
- ☐ Test Records
- ☐ Other (Please Specify): _____

_____

_____ _____

Parent/Guardian Signature Parent/Guardian Printed Name