



CONSENT FOR TRANSFER OF SCHOOL RECORDS

In accordance with the guidelines for the Ontario Student Record and the Freedom of Information Act, Wishing Well Montessori Schools require consent from the parent or guardian to request student records from the previous school attended.

Please sign below.

I hereby consent to the transfer of student records for

STUDENT'S FULL NAME

DATE OF BIRTH _____
DAY / MONTH / YEAR

To Wishing Well Montessori Schools.

PARENT / GUARDIAN SIGNATURE

DATE

NAME OF SCHOOL PREVIOUSLY ATTENDED / PRESENTLY ATTENDING