

Sterling Charter Withdrawal and Student Records Request Form

Student's Name			
Classroom		Grade	
Date Requested		Effective/Exit Date	

Check all that apply: **Withdrawal Request** **Student Records Request**

Forward Records to or Request Records from:

Institution Name
Contact Person
Email Address
Address
City, State, Zip
Phone Number: _____ Fax Number: _____

Please provide a reason for the withdrawal (if applicable):

____ (Please initial) I authorize Sterling Montessori to send or receive records and/or withdraw my child. I understand that it may take 5 – 10 business days to process this request.

Print Legal Guardian's Name: _____

Legal Guardian's Signature: _____ Date: _____

Office Use Only:

Received By: _____	Date Received: _____
Date Records Sent/Requested: _____	Date Withdrawal Completed: _____

Please forward this form to enrollment@sterlingmontessori.org.

Revised 9/2024