

Identify your child's academic strengths: _____

Identify your child's academic interests: _____

Describe any academic, developmental, emotional or physical challenges your child has: _____

Describe how your child interacts with other children: _____

List your child's special interests: _____

Describe how you would like to be involved in your child's education: _____



Student Records Request

125 Olde Greenwich Dr., Suite 100
Fredericksburg, VA 22408
Phone: 540/891-9080 • Fax: 540/891-9877

I request that all students records for my child,

be forwarded to Odyssey Montessori at the address below:

Wendy LaRue
Head of School
Odyssey Montessori
125 Olde Greenwich Dr., Suite 100
Fredericksburg, VA 22408

Parent Signature

Date

Printed Parent Name

Phone Number

Please include all of the following that pertain:

- Academic records
- Work samples
- Standardized testing results
- Special services documentation
- Discipline records
- Health and immunization form
- Court document

