



1850 Wildcat Blvd.  
Rocklin, CA 95765  
(916) 630-1510  
(916) 624-7305 fax  
www.mmcharter.org

## REQUEST FOR STUDENT'S CUMULATIVE RECORDS

Parents, please fill out the following if your child has attended kindergarten or above at a prior school. We do not request records from preschools.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous School Attended \_\_\_\_\_ Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_

School's Full Address \_\_\_\_\_  
\_\_\_\_\_

The above named student has enrolled at Maria Montessori Charter Academy. I give permission to forward the original California state cumulative records or copy of same, test data, psychological and health records, and any other pertinent data regarding my child. (NOTE: The state of California does not require a parent/guardian signature.)

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Parent/Guardian Signature

Date

Please mail student records to:

Maria Montessori Charter Academy  
1850 Wildcat Blvd.  
Rocklin, CA 95765

*Thank you for your assistance.*

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MMCA Office Staff  
(916) 630-1510

Date Request Sent