

WESTSIDE ELEMENTARY SCHOOL

Physical Address: 320 West Walnut Street
Sisseton, SD 57262

School Website: <https://www.sisseton.k12.sd.us/domain/9>

Facebook: <https://www.facebook.com/sissetonelementary/>

Phone: (605) 698-7613 ext.4

Fax: (605) 698-7404

Office Email: sissetonelemoffice@k12.sd.us



Well Prepared ~ Always Safe ~ Value Respect ~ Eager to Learn

MISSION We provide an education for all learners to be inspired and empowered for life

VISION: Our vision is to challenge and engage students to reach their highest achievement in education through the help of kind and caring teachers.

REQUEST for STUDENT RECORDS

STUDENT FULL NAME: _____	DOB: ____/____/____	Grade: ____
PREVIOUS SCHOOL ATTENDED: _____	DATE LAST ATTENDED _____	
ADDRESS: _____		
PHONE: _____	FAX: _____	
PARENT/GUARDIAN SIGNATURE: _____	DATE: _____	
PARENT/GUARDIAN PRINTED NAME: _____		

“It is not necessary for parents to sign a release when records are being passed from public school to public school” Note: Federal Registrar, Thursday, June 17th, 1976 Part II HEW-Privacy Rights to Parents and Students. Final Rule of Education Records (Vol 41, #118-24673)

The above student is requesting enrollment in the Sisseton School District at Westside Elementary School.

Please send the following information:

If Applicable:

- Certified Birth Certificate
- Immunization Records
- Transcripts
- Attendance Records
- Behavioral Reports
- Assessment Data

- Special Education Records
- 504 Plan
- Health Plan, Medications, Special Diet
- Language Acquisition Plan
- Court/Custody Orders - Legal Name Change

Thank you for your prompt attention to this matter.

SCHOOL OFFICIAL SIGNATURE: _____ DATE: _____

Westside Elementary School 516 8th Avenue West Sisseton, SD 57262

Fax: (605) 698-7404 Email: sissetonelemoffice@k12.sd.us

Westside Staff Use:
REQUEST SENT: _____
RECORDS RECEIVED: _____
ENROLLMENT DATE: _____