

WESTSIDE ELEMENTARY SCHOOL

Physical Address: 320 West Walnut Street
Sisseton, SD 57262
(605) 698-7613 ext.1
Fax 605-698-7404
Well Prepared ~ Always Safe



www.sisseton.k12.sd.us
<http://www.facebook.com/sissetonelementary/>

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: _____

Has the Child ever been retained YES / NO If yes, which grade: _____.

Previous School Attended: _____

Address: _____

Phone: _____ Fax: _____

Date last attended: _____

Parent /Guardian Signature: _____

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 for our use:

- ✓ Certified Birth Certificate
- ✓ Immunization Records
- ✓ Transcripts
- ✓ Attendance Records
- ✓ Behavioral Reports
- ✓ Standardized Test Results
- ✓ Grade Levels completed or retained
- ✓ Names of all schools attended with enrollment / drop dates
- ✓ Assessment Data for Reading & Math

If Applicable:

- ✓ Special Education Records (IEP, Psychological, Speech, OT, PT, Evaluations)
- ✓ 504 Plan
- ✓ Health Plan, Medications, Special Diet Plan
- ✓ Limited English Proficiency
- ✓ Social Work, Foster Care, Guidance Counselor, records
- ✓ Court Orders, Custody Orders, Legal Name Changes,

Thank you for your prompt attention to this matter.

School Official Signature: _____ Date: _____

For Westside Staff Use:

Date Request sent: _____ Date Records Received: _____

Date of Enrollment/Start Date: _____