

Sisseton High School

516 8th Avenue West

Sisseton, SD 57262

Phone: 605-698-7613 | Fax: 605-698-7353

Request for Student Records

Student Full Name: _____ DOB: __/__/__ Grade: _____

Previous School Attended: _____

Address: _____

Phone: _____ Fax: _____

Date last attended: _____

Parent/Guardian Signature: _____ Date: _____

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

In order to enroll this student in our school, would you please fax or e-mail the following information to us as soon as possible:

- | | | |
|--|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Transcript |
| <input type="checkbox"/> Attendance Record | <input type="checkbox"/> Behavioral Report | <input type="checkbox"/> Drop Grades (%) |
| <input type="checkbox"/> Standardized Test Results | <input type="checkbox"/> Enrollment/Drop Dates | <input type="checkbox"/> Current Schedule |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

If Applicable:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> IEP/504 Plan | <input type="checkbox"/> Special Education Records | <input type="checkbox"/> Sports Physical |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Thank you for your prompt attention to this matter.

School Official Signature: _____ Date: _____

For SHS Staff Use:

Date request sent: _____

Date records received: _____

Date records to Principal: _____

Date/time of meeting: _____

Date of enrollment: _____