

Sisseton Middle School

Authorization to Request/Release Records

Student's Name: _____

Grade: _____ Date of Birth: _____

Prior School Name: _____

Prior School Address: _____

The student named has applied for admission to the Sisseton Middle School, Sisseton School District 54-2. In order for the admissions application to be complete, the following materials are requested:

- * Days of attendance and grades for each year
- * Student Report Cards
- * Standardized test scores
- * Health Records, including immunization record
- * Birth Certificate
- * Psychological/Psychoeducational/Neurophysiological Evaluations
- * Student Behavior Report
- * Copy of Social Security Card
- * Special Education Data: IEP, Speech, Language, Learning Disabilities, etc.
- * South Dakota STUDENT ID Number (South Dakota Schools Only)
- * Sports Physical (if applicable)
- * Any other information that will promote optimal admission and placement decisions for the above named student.

(Parent/Guardian complete this portion)

I authorize the release of School/Medical records and information of the above-named student to Sisseton School District 54-2. This release is valid for the period of one year from the date of my signature.

Parent/Guardian Signature: _____ Date: _____

Please send above information to:

Sisseton Middle School
516 8th Ave. West
Sisseton, SD 57262
Phone: 605.698.7613 Ext 2
Fax: 605.698.7487