



Request for Records

North Lake School Dist. #14

REGISTRAR:

Former School Name: _____

Address: _____

Phone: _____ Fax: _____

<u>Full Legal Name of Student</u>	<u>Date of Birth</u>	<u>Grade</u>
1. _____		
2. _____		

The above mentioned student(s) will be enrolled in our school on _____.

Please Fax the following to: Janet Waldron, Registrar (541-576-2705)

- Transcript
- Withdrawal Grades
- IEP/Behavioral Records

Please mail the following:

- Cumulative Folder
- Immunization Information
- Physical/Medical Records
- ELL Testing
- Psychological Testing

Mail records to:

North Lake School Dist. #14
 57566 Fort Rock Rd.
 Silver Lake, OR. 97638
 Attn: Janet Waldron, Registrar
jwaldron@nlake.k12.or.us

Previous School-Please respond:

Has the student been expelled or suspended for any reason? **Yes/No** If yes, please list the contact person and phone number. _____