



North Lake School District No. 14

57566 Fort Rock Road, Silver Lake, OR 97638 ♦ 541-576-2121 ♦ FAX 541-576-2705

REQUEST FOR STUDENT RECORDS

Parent please enter the students previous school information below:

To _____
Previous school attended

PH: _____

City/State/Zip

Fax: _____

For 5th -9th grade students, please enter the name of the school they would have attended this year had you stayed in your previous school district: _____

The following student(s) will be enrolled in our school on: _____

_____ Student's Name	_____ Birthdate	_____ Grade
_____ Student's Name	_____ Birthdate	_____ Grade
_____ Student's Name	_____ Birthdate	_____ Grade

SCHOOL OFFICE USE ONLY

Please fax to 541-576-2705:

Please mail the following to:

**North Lake School District #14
Attn: Janet Waldron
57566 Fort Rock Road
Silver Lake, OR 97638**

- _____ Transcript
- _____ Immunization records
- _____ Withdrawal grades (6th – 12th)
- _____ Current IEP or 504 (if applicable)

- _____ Cumulative Folder
- _____ IEP Record

Previous School- Please respond:

Has the student been expelled or suspended for any reason? _____

If yes, please list contact person and phone number. _____