

REQUEST FOR STUDENT RECORDS

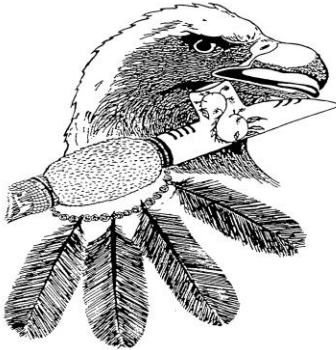
(This child is not yet accepted into our school. Acceptance to the school is dependent upon a review of the child's records and approval by our Admissions Team.)

FOND DU LAC OJIBWE SCHOOLS

*HOME OF THE
OGICHIDAAG*

Phone: (218) 878-7254

Fax: (218) 878-7266



Student's Name: _____ Date: _____

Grade Level: _____ Date of Birth: _____

Last School Attended: _____ Last Day Attended: _____

School Address: _____
(Street) (City) (State) (Zip)

School's Phone Number: _____ School's Fax Number: _____

Please Fax the following information to: (218) 878-7266
Shirley Barney, Records Clerk
Fond du Lac Ojibwe School: District 1094:34
49 University Road Cloquet, MN. 55720

<input checked="" type="checkbox"/> Student's Summary Page: MARSS Number:	<input checked="" type="checkbox"/> Section 504 Accommodation Plan (if any)
<input checked="" type="checkbox"/> Current Transcripts: Including prior schools attended	<input checked="" type="checkbox"/> Gifted & Talented Records (if any)
<input checked="" type="checkbox"/> Withdrawal Grades: If leaving prior to end of grading	<input checked="" type="checkbox"/> Birth Certificate
<input checked="" type="checkbox"/> All State Test Scores: Including BST, MCA, GRAD	<input checked="" type="checkbox"/> If Student is in Grade 9 or Higher, Please
<input checked="" type="checkbox"/> Enrollment History: Attendance Reports	Include DATE and NAME of SCHOOL
<input checked="" type="checkbox"/> Current Immunizations	Student first enrolled in 9 th Grade!
<input checked="" type="checkbox"/> Behavior Reports	<input checked="" type="checkbox"/> If Tribally Enrolled: Signed JOM Form or
<input checked="" type="checkbox"/> Sp. Education: Current IEP & Evaluation (if any)	Signed Tribal Letter

Parent/Guardian Signature

Date

* Family, Educational and Privacy Rights Act (FERPA) 34 CFR 99.4; 34 CFR 300.562(c); Minn.Stat.

Parental permission is not required when authorized personnel request school records.