



Laurel Public Schools

School District No. 7 & 7-70
410 Colorado Avenue
Laurel, Montana 59044
406-628-3360

Student Information Request

(Use for transfer students applying for out of district attendance.)

Date: _____

Re: Student information request- for the purpose of evaluating eligibility

** Please note, this fax does not constitute enrollment approval and is **NOT** a transfer of records request. **

Student's Full Name _____

Date of Birth _____ Grade (2021-2022) _____

My child currently attends or most recently attended the following school (include school name, city and state):

I hereby authorize the above named school to provide the following information to Laurel Public Schools for the purpose of evaluating my child's eligibility for Out of District Enrollment:

- Quarter Report Card
- HS Transcript
- Disciplinary Records
- School Year Attendance Record
- Special Programs Information
- Support Programs Information

Parent/Guardian Signature _____ Date _____

_____ **office use** _____

Please email or fax the requested information to:

- _____ South Elementary: Fax:406-628-3393/ allyson_robertus@laurel.k12.mt.us
- _____ West Elementary: Fax: 406-628-3447/ kelly_anderson@laurel.k12.mt.us
- _____ Graff Elementary: Fax: 406-628-3497/ lynne_peterson@laurel.k12.mt.us
- _____ Laurel Middle School: Fax: 406-628-3350/ Justin_klebe@laurel.k12.mt.us
- _____ Laurel High School: Fax: 406-628-3558/ shawnda_zahara@laurel.k12.mt.us