

Student Information Request

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

Date:	
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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 (2022-2023)______

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_____ 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