



Westonka Public Schools District #277 - RECORDS REQUEST

Date: _____

To: _____ (School Name)

_____ (School Address)

_____ (City, State, Zip Code)

_____ (Fax Number)

_____ (Phone Number)

(Student Name)

(Grade)

(Date of Birth)

The student named above is enrolling in the Westonka Public Schools effective _____.

Please send pertinent student information, including:

- Academic records
- Health & Immunization Records
- Test Scores & Reports
- Special Services Records
- Kindergarten Screening
- Intervention Information (Title I, ADSIS, Gifted & Talented, etc.)
- MARSS Number, if transferring from a Minnesota school _____

Please send information to: Karen Boser
 Shirley Hills Primary School
 2450 Wilshire Boulevard
 Mound, MN 55364
 Fax 952.491.8403

Independent School District 277