

FOND DU LAC OJIBWE SCHOOL DISTRICT # 1094



Send To: Fond du Lac Ojibwe School
49 University Road
Cloquet, MN 55720

Phone: 218-878-7260
Fax: 218-878-7266

Email: TamaraPeacock@fdlband.org

REQUEST FOR ACADEMIC INFORMATION











STUDENT: _____

DATE OF BIRTH: _____ **GRADE LEVEL:** _____

Last School Attended	City & State	Phone Number	Fax Number	Last Day Attended

(This is only a request. Please DO NOT WITHDRAW student from your school roster)

To assist us in enrolling this student, please send the following information

-  **MARSS #:** _____ (Please fill in)
-  **TRANSCRIPT** of grades and credits and MCA Test results
-  **ATTENDANCE** Report
-  **Copy of Certified Birth Certificate**
-  **Is student receiving Special Education services?** Yes ____ No ____
If yes, please send the most recent IEP, most recent & initial Evaluation Report
-  **On a 504 PLAN?** Yes ____ No ____
-  **HEALTH / IMMUNIZATION** Records
-  **ENROLLMENT HISTORY PAGE** and **BEHAVIOR/DISCIPLINE REPORT**
-  **DATE & SCHOOL NAME** Student first Entered 9TH GRADE (for state reporting)
Date: _____ School: _____
-  **GUARDIANSHIP PAPERWORK** (if applicable)

Parent/Guardian Signature: _____ Date: _____