

LEWISTOWN PUBLIC SCHOOLS

LEWISTOWN, MONTANA 59457

Request for Student Records

Name of School

Date

Address

Phone Number


City

State

Zip Code

FAX Number

Please send records to the school indicated below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Highland Park Elementary School
Grades 2, 3 & 4
Matthew Ventresca, Principal
1312 7th Avenue North
Lewistown, Montana 59457
Phone: (406) 535-2555
Fax: (406) 535-4617 | <input type="checkbox"/> Garfield Elementary School
Grades K & 1
Matthew Lewis, Principal
415 East Boulevard
Lewistown, Montana 59457
Phone: (406) 535-2366
Fax: (406) 535-2367 | <input type="checkbox"/> Lewis & Clark Elementary School
Grades 5 & 6
Danny Wirtzberger, Principal
212 Crystal Drive
Lewistown, Montana 59457
Phone: (406) 535-2811
Fax: (406) 535-2812 |
| <input type="checkbox"/> Lewistown Junior High
Grades 7 & 8
Scott Dubbs, Principal
914 West Main Street
Lewistown, Montana 59457
Phone: (406) 535-5419
Fax: (406) 535-2300 | <input type="checkbox"/> Fergus High School
Grades 9, 10, 11 & 12
Tim Majerus, Principal
Jeff Friesen, Ass't Principal
1001 Casino Creek Drive
Lewistown, Montana 59457
Phone: (406) 535-2321 Fax: (406) 535-3835 |  |

Please immediately FAX a copy of the following records to the correct school shown above:

- | | | |
|---|---|--|
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Medical Records including Immunizations |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Special Education IEP/504 Plan |
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Free & Reduced Eligibility Documentation | |

Please MAIL Cumulative Records as follows:

- | | | |
|---|--|--|
| <input type="checkbox"/> All Cumulative Records | <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Special Education Records (if applicable) |
| <input type="checkbox"/> Standardized test results including interest inventories & aptitude test results | | |
| <input type="checkbox"/> Current Sports Activity Physical | <input type="checkbox"/> Other (specify) _____ | |

STUDENT

GRADE

BIRTHDATE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give my permission for these records to be sent to the above school.

Parent Signature

Date