



Whitehall Public School Districts 4, 47 & 2
PO Box 1109
Whitehall, MT 59759
Telephone: 406-287-3862
Fax: 406-287-3843

Request for Transfer of Educational Records

TO: _____

Telephone: _____ Fax: _____

STUDENTS NAME BIRTHDATE GRADE

Does this student have: An IEP? _____ Yes _____ No A 504 Plan? Yes No _____

PLEASE IMMEDIATELY FAX THE FOLLOWING INFORMATION TO 406-287-3843

- Unofficial transcript – copy only for enrollment purposes
- Withdrawal grades or last report card
- Copy of most recent IEP/504 records
- Immunization records
- Any discipline records resulting in expulsion if applicable

Please Mail: Cumulative Student Records including official transcript to:

**Whitehall Schools
Attn: Registrar
PO Box 1109
Whitehall, MT 59759**

Signature of Parent/Guardian: _____

Signature of School Official: _____

Date: _____