**Records/Transcript Request**

SALMON RIVER HIGH SCHOOL

(Salmon River JSD #243)

P.O. Box 872

Riggins, ID 83549

Phone: 208-630-6025

Fax: 208-630-6026

**Principal: Kyle Ewing**  **Counselor: Jeri Best**

**Secretary: Sherri Cereghino**

Date of: 1st Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salmon River High School requests the transfer of **all** school records of the following student(s).

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_

Please be sure that records we are to receive in the cumulative file include the following:

1. **Immunization records and a copy of birth certificate. (Please fax asap, then mail with cumulative file.)**
2. A complete and current transcript with grades computed on a semester (two quarter) system.
3. A withdrawal sheet showing grades at the time of transfer.
4. Special education records, if applicable.
5. The I.H.S.A.A. physical form, if the transferring student is an Idaho High School Student.

SIGNATURE OF HIGH SCHOOL OFFICIAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Note**\*\*\*\*Send all confidential, psychological and special service records especially resource records and including all test records. Parent Waiver above.

\*\*Federal register, June 1976, No longer requires parental signature.