

# SHEPHERD PUBLIC SCHOOLS

District 37

PO Box 8

Shepherd, Montana 59079

---

---

## REQUEST FOR STUDENT TRANSCRIPT AND CUMULATIVE RECORDS

---

---

**Previous School Attended:**

Name of Previous School: \_\_\_\_\_

Address of School: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone and Fax: \_\_\_\_\_

**Send To:**

**Shepherd Elementary**

**PO Box 8**

**Shepherd, MT 59079**

**Fax: 406-373-5076**

**Phone: 406-373-5300 Opt. # 4**

**Email: k-mang@shepherd.k12.mt.us**

The following student (s) have enrolled at Shepherd Elementary School.

| Name | Grade | Date of Birth |
|------|-------|---------------|
|      |       |               |
|      |       |               |
|      |       |               |
|      |       |               |

**Please release the records checked and forward to:**

\_\_\_ All Current Grades and Transcripts

\_\_\_ 504 Plans (fax)

\_\_\_ Sports Physical

\_\_\_ Attendance Information

\_\_\_ IEP & ER Records (fax)

\_\_\_ Student Health Records

\_\_\_ Behavior Records

\_\_\_ Impact test (fax)

\_\_\_ Title 1/Resource Room Records

\_\_\_ Birth Certificate

\_\_\_ Immunizations

\_\_\_ Court Documents

\_\_\_ MAP test scores (fax)

\_\_\_ Cumulative File

\_\_\_ Psychological Records

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official

**PLEASE FAX OR EMAIL THE TRANSCRIPT, IMMUNIZATIONS RECORDS AND BIRTH CERTIFICATES ASAP SO WE CAN GET THE REENROLLMENT PROCESS STARTED. THANK YOU!**

**PLEASE CHECK THE FOLLOWING SERVICES THIS STUDENT IS RECEIVING.**

\_\_\_ SPEECH \_\_\_ TITLE 1 \_\_\_ SPECIAL EDUCATION \_\_\_ COUNSELING \_\_\_ EXTENDED STUDIES

# SHEPHERD PUBLIC SCHOOLS

District 37

PO Box 8

Shepherd, Montana 59079

---

---

## REQUEST FOR STUDENT TRANSCRIPT AND CUMULATIVE RECORDS

---

---

**Previous School Attended:**

Name of Previous School: \_\_\_\_\_

Address of School: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone and Fax: \_\_\_\_\_

**Send To:**

**Shepherd Middle School**

**PO Box 8**

**Shepherd, MT 59079**

**Fax: 406-373-5648**

**Phone: 406-373-5300 Opt. # 3**

**Email: l-rekdal@shepherd.k12.mt.us**

The following student (s) have enrolled at Shepherd Middle School.

| Name | Grade | Date of Birth |
|------|-------|---------------|
|      |       |               |
|      |       |               |
|      |       |               |
|      |       |               |

**Please release the records checked and forward to:**

\_\_\_ All Current Grades and Transcripts

\_\_\_ 504 Plans (fax)

\_\_\_ Sports Physical

\_\_\_ Attendance Information

\_\_\_ IEP & ER Records (fax)

\_\_\_ Student Health Records

\_\_\_ Behavior Records

\_\_\_ Impact test (fax)

\_\_\_ Title 1/Resource Room Records

\_\_\_ Birth Certificate

\_\_\_ Immunizations

\_\_\_ Court Documents

\_\_\_ MAP test scores (fax)

\_\_\_ Cumulative File

\_\_\_ Psychological Records

---

Signature of Parent or Guardian

---

Date

---

Signature of School Official

**PLEASE FAX OR EMAIL THE TRANSCRIPT, IMMUNIZATIONS RECORDS AND BIRTH CERTIFICATES ASAP SO WE CAN GET THE REENROLLMENT PROCESS STARTED. THANK YOU! PLEASE CHECK THE FOLLOWING SERVICES THIS STUDENT IS RECEIVING.**

\_\_\_ SPEECH \_\_\_ TITLE 1 \_\_\_ SPECIAL EDUCATION \_\_\_ COUNSELING \_\_\_ EXTENDED STUDIES

# SHEPHERD PUBLIC SCHOOLS

District 37

PO Box 8

Shepherd, Montana 59079

---

---

## REQUEST FOR STUDENT TRANSCRIPT AND CUMULATIVE RECORDS

---

---

**Previous School Attended:**

Name of Previous School: \_\_\_\_\_

Address of School: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone and Fax: \_\_\_\_\_

**Send To:**

**Shepherd High School**

**PO Box 8**

**Shepherd, MT 59079**

**Fax: 406-373-5873**

**Phone: 406-373-5300 Opt. # 2**

**Email: s-clark@shepherd.k12.mt.us**

The following student (s) have enrolled at Shepherd High School.

| Name | Grade | Date of Birth |
|------|-------|---------------|
|      |       |               |
|      |       |               |
|      |       |               |
|      |       |               |

**Please release the records checked and forward to:**

\_\_\_ All Current Grades and Transcripts

\_\_\_ 504 Plans (fax)

\_\_\_ Sports Physical

\_\_\_ Attendance Information

\_\_\_ IEP & ER Records (fax)

\_\_\_ Student Health Records

\_\_\_ Behavior Records

\_\_\_ Impact test (fax)

\_\_\_ Title 1/Resource Room Records

\_\_\_ Birth Certificate

\_\_\_ Immunizations

\_\_\_ Court Documents

\_\_\_ MAP test scores (fax)

\_\_\_ Cumulative File

\_\_\_ Psychological Records

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official

**PLEASE FAX OR EMAIL THE TRANSCRIPT, IMMUNIZATIONS RECORDS AND BIRTH CERTIFICATES ASAP SO WE CAN GET THE REENROLLMENT PROCESS STARTED. THANK YOU! PLEASE CHECK THE FOLLOWING SERVICES THIS STUDENT IS RECEIVING.**

**\_\_\_ SPEECH \_\_\_ TITLE 1 \_\_\_ SPECIAL EDUCATION \_\_\_ COUNSELING \_\_\_ EXTENDED STUDIES**