

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: vickioberstar@fdlrez.com

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:** _____