

RECORDS REQUEST



Brandon Valley High School

301 South Splitrock Blvd.
Brandon, SD 57005
605-582-3211

School:		Attn:	
Address:		Email:	
Phone:		Date:	

STUDENT:		Birthdate:		Grade:	
STUDENT:		Birthdate:		Grade:	

The student(s) named above are transferring to our district. Please send the following records:

- ACADEMIC RECORDS (GRADES OR TRANSCRIPTS)
- STANDARDIZED TEST SCORES
- SPECIAL EDUCATION RECORDS (IEP & EVALUATIONS)
- IMMUNIZATIONS
- BIRTH CERTIFICATE
- DISCIPLINE RECORDS (IF APPLICABLE)
- ATTENDANCE

PLEASE EMAIL RECORDS TO:

Lynn.Bartscher@k12.sd.us (secretary)
Jessica.Henson@k12.sd.us (secretary)
 or
Mark.Schlekeyway@k12.sd.us (Principal)

Parent/Guardian Signature:

Parental permission is no longer required when records are requested by authorized school personnel.