

Students Name _____ **Grade** _____

Last School or Pre-School Attended:

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax Number _____

Is your child enrolled in any special education programs? Yes _____ No _____

If yes, please specify:

**Signature below authorizes the Green Lake School District to request all records from
previous school.**

Signature of person completing form _____ **Date** _____

Relationship to Student _____

Will your child be riding the bus? Yes _____ No _____

The information provided on this form is correct to the best of my knowledge.

Date of Entry: _____ **Records Requested:** _____ **Records Rec'd:** _____ **Birth Certificate:** _____

It is the policy of the School District of Green Lake that no person may be denied admission to school or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, extra-curricular, pupil services, recreation or other program, on the basis of sex, race,

