



School District of Onalaska

Pupil Services Department

237 2nd Ave S
 Onalaska, WI 54650
 Ph: 608.783.4610 Fax: 608.783.4929

FAX INFO	
<i>For office use only:</i>	
ATTN: STUDENT RECORDS	
Date _____	Pages _____
Time _____	Pages _____
From _____	

Date of Request: _____ Start Date: _____

Previous School Information:

 Name of School

 City State

 Phone Fax

SEND RECORDS TO:

School District of Onalaska
 Pupil Services Department
 237 2nd Ave S
 Onalaska, WI 54650
 FAX: 608.783.4929
 EMAIL: psinfo@onalaskaschools.com

Name of Student(s)	Grade	Date of Birth	New School

**Please fax/email the records checked below ASAP.
 Then mail all files to the address listed above.**

- | | |
|------------------------------|-----------------------------------------------------------------|
| ✓ Transcripts/Report Cards | ✓ Behavioral/Expulsion Records |
| ✓ Class Schedule (for MS/HS) | ✓ Current IEP/Most Recent Eval/
Parent Consent for Placement |
| ✓ Grades in Progress | ✓ ELL Records |
| ✓ Attendance Records | Other _____ |
| ✓ Immunization Records | _____ |
| ✓ Achievement Test Results | _____ |
| ✓ At Risk/504 Plan | _____ |

In accordance with the Family Educational Rights and Privacy Act (FERPA), Federal Register, Ch. 34, Part 99.31, educational agencies and institutions are to disclose education records, without consent, to another institution so long as the disclosure is for purposes related to the student's enrollment or transfer.

 Parent/Guardian Signature

 Name of School Personnel Requesting Records