

**WALLOWA ELEMENTARY SCHOOL
SCHOOL DISTRICT #12
PO BOX 425, 315 1ST St.
WALLOWA, OR 97885**

Date: _____

_____ has registered in our school and that
(Student's Name)

_____ attended _____ at _____
(he/she) (Name of School) (City, State, Zip Code)

Phone: _____

Fax: _____

Please send us the following records:

- Cumulative Record File
- Psycho-Educational
- Evaluation/Special Education
- or Title I Records
- State Student ID#**

Send Records To:

Bret Uptmor, Superintendent
Wallowa School District
PO Box 425
Wallowa, OR 97885

Phone: (541) 886-2061
Fax: (541) 886-7355

WALLOWA COUNTY SCHOOL DISTRICT NO. 12
WALLOWA, OREGON 97885

I, (Name of Parent/Guardian): _____

Parent/Guardian Address: _____

Request that _____ School send all
records, files, and data directly related to _____ as
(Pupil)
requested by the school district.

Signed: _____ Date: _____