Request for Student Records

Date: _____

Previous School: _____

Email/Fax: _____

The following student(s) has/have registered at our school. Please forward his/her Cumulative File, Confidential File and latest Report Card. Also, any other pertinent information to assist in evaluating placement of the student(s) would be appreciated. If these records are not available, please contact me via email (okf@sd53.bc.ca).

Student Name	Grade	Date of Birth

If appropriate, please end date any programs assigned to the student(s) and withdraw the student as soon as possible.

Please send to: Administrative Secretary
1141 Cedar Street (BOX 6)
Okanagan Falls, BC
V0H 1R0

_____
Parent/Guardian Signature:

Katie Poole
Principal, Okanagan Falls Elementary
Phone: 250-497-5414

Thank you