

CHELAN MIDDLE / HIGH SCHOOL
PO BOX 369
215 W. WEBSTER
CHELAN, WA. 98816

H.S. (509) 682-4061 M.S. (509) 6824073 FAX (509) 682-5001

RECORDS & TRANSCRIPT REQUEST

To Whom It May Concern:

_____ GRADE _____

FIRST NAME MIDDLE LEGAL LAST NAME

_____ Student's Birth Date Parent's Last Name if Different _____

School transferring from: _____

Address: _____

Phone# _____ Fax _____

The above named student has applied for admission to our school. Please send all records to date including sports physical, immunization records, and any test data or personal information that might assist us in the guidance and correct placement of the student. **** ANY SPECIAL SERVICES, PSYCHOLOGICAL, COUNSELING, AND/OR SPEECH RECORDS

SHOULD BE SENT TO:

SPECIAL EDUCATION DEPARTMENT
LAKE CHELAN SCHOOL DISTRICT
PO BOX 369
CHELAN, WA. 98816

Thank you,

Registrar/School Official

Date