

Spearfish School District 40-2  
525 E. Illinois St.  
Spearfish, SD 57783-2521  
605.717.1201



**Spearfish Mt. View Elementary**  
**525 E. Illinois Street**  
**Spearfish, SD 57783**  
**605.717.1209**

**REQUEST FOR CUMULATIVE STUDENT RECORDS**

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<b>Student's Last Name</b>	<b>First</b>	<b>Initial</b>	<b>Date of Birth</b>	<b>Grade</b>
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<b>Student's Last Name</b>	<b>First</b>	<b>Initial</b>	<b>Date of Birth</b>	<b>Grade</b>
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**Address of school previously attended:**

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Fax Number

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Phone Number

The student(s) is (are) now enrolled in the school indicated below. Please send:

- Complete cumulative student record information
- Complete transcript of all work completed at your school
- Current Schedule and Grades
- Behavior and attendance records and eligibility for SD High School Activities
- Health records (immunizations)
- Birth Certificate
- Title I, Special Education/Psychological confidential files if applicable, under separate cover.

**Please forward records to:**

**Date of request:** \_\_\_\_\_

**Spearfish Mt. View Elementary**  
**525 E. Illinois Street**  
**Spearfish, SD 57783**  
**Phone – 605.717.1209**  
**Fax – 605.717.0426**  
**Email - skling@spearfish.k12.sd.us**

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***Signature of Parent or Legal Guardian***