

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



Spearfish High School
525 E. Illinois Street
Spearfish, SD 57783
605.717.1212

REQUEST FOR CUMULATIVE STUDENT RECORDS

Student's Last Name	First	Initial	Date of Birth	Grade
----------------------------	--------------	----------------	----------------------	--------------

Student's Last Name	First	Initial	Date of Birth	Grade
----------------------------	--------------	----------------	----------------------	--------------

Address of school previously attended:

Fax Number

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 High School
Attn: Counseling Office
525 E. Illinois Street
Spearfish, SD 57783
Phone – 605.717.1214
Fax – 605.717.1234
Email - nkirsch@spearfish.k12.sd.us

Signature of Parent or Legal Guardian