

P.O. Box 45
Lebo, KS 66856-0045
620-256-6161

Lebo Elementary School

Request for Records

Date _____

Student's Full Name _____

Grade at the time of enrollment: _____

Name of previous school: _____

Address of previous school: _____

City _____ State _____ Zip _____

Fax _____

Phone _____

The above student is currently enrolled at Lebo Elementary School, Lebo, Kansas. In order to comply with state laws and in order to serve the student in his/her educational progress.

Please send the following records:

- Cumulative file/records
- Transcript or grades
- Health records/immunization, birth certificate, and / or social security #
- Achievement test results
- Notification of Special Education
- Other educational services (such as Chapter I or At Risk)
- Lunch certification letter

All the above

Parent or guardian's signature _____ Date _____

Please send to the attention of : Candice Seaman, School Counselor
Lebo Elementary School
Box 45
Lebo, KS 66856