



# School District of Eleva-Strum

Date of Enrollment: \_\_\_\_\_

(Student Name)

(Date of Birth)

(Grade)

_____	_____	_____
_____	_____	_____
_____	_____	_____

TO: \_\_\_\_\_ (Previous School)

\_\_\_\_\_

\_\_\_\_\_

The above-named student(s) has/have enrolled in the Eleva-Strum School District on the date indicated. Pursuant to Wisconsin Statute 118.125(4) and Federal Regulations, Section 99.31/34, you are authorized to forward the student's records by this official notification.

The following categories of pupil records are requested:

\_\_\_\_\_ Progress Reports      \_\_\_\_\_ Health Records      \_\_\_\_\_ Special Education Records (EEN)

\_\_\_\_\_ Behavioral Records (Psychological tests, personality evaluations, etc.)

PLEASE NOTE: The signature below also authorized you to release records from a previous school if those records are included with the student files that you maintain.

I give my consent for school records to be released to the Eleva-Strum School District.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward records to address below:

**Cory Kulig**  
Superintendent

**Dana McConnell**  
Director of  
Pupil Services

**Joshua Skoug**  
Middle/High  
School Principal

**Marty Kempf**  
Elementary  
Principal