

STUDENT RECORD TRANSFER REQUEST

Unified School District 460 * 150 N. Ridge Road * Hesston, KS 67062 * 620-327-4931

-garanig	Name of Student	Date of	Birth
Name of Last School Attended			ade
		Telephone:	
	Address		
		Fax:	
City	State	Zip	
 Transe Health Attend Specie Englis Other 	n records (including immun dance records al Education records (staffi	ng reports & IEP) ds (including KELPA-P, KELPA, LAS sco cational placement	ores)
		ntification Number	
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0	Most recent Kansas state	entry date	
ase forward the re	cords to: Hesston M PO Box 20 100 N. Rida Hesston, K	ge Road	
	Phone: (62 **Scanned records	0)327-7111 *** Fax: (620)327-7115 can be sent to tracy.graber@usd40	60.org
ent Signature:		Date	