

# FOND DU LAC OJIBWE SCHOOL DISTRICT # 1094



Send To: Fond du Lac Ojibwe School  
 49 University Road  
 Cloquet, MN 55720

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 Fax: 218-878-7266

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## REQUEST FOR ACADEMIC INFORMATION

**STUDENT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GRADE LEVEL:** \_\_\_\_\_

Last School Attended	City & State	Phone Number	Fax Number	Last Day Attended

(This is only a request. Please DO NOT WITHDRAW student from your school roster)

To assist us in enrolling this student, please send the following information

- 📁 **MARSS #:** \_ \_ \_ \_ \_ (Please fill in)
- 📁 **TRANSCRIPT** of grades and credits and MCA Test results
- 📁 **ATTENDANCE** Report
- 📁 **Copy of Certified Birth Certificate**
- 📁 **Is student receiving Special Education services?** Yes \_\_\_ No \_\_\_  
 If yes, please send the most recent IEP, most recent & initial Evaluation Report
- 📁 **On a 504 PLAN?** Yes \_\_\_ No \_\_\_
- 📁 **HEALTH / IMMUNIZATION** Records
- 📁 **ENROLLMENT HISTORY PAGE** and **BEHAVIOR/DISCIPLINE REPORT**
- 📁 **DATE & SCHOOL NAME** Student first Entered 9<sup>TH</sup> GRADE (for state reporting)  
 Date: \_\_\_\_\_ School: \_\_\_\_\_
- 📁 **GUARDIANSHIP PAPERWORK** (if applicable)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_