



GALLATIN GATEWAY SCHOOL
PO BOX 265, GALLATIN GATEWAY, MT 59730

Request For Transfer of All Student Educational Records

RE: _____ Birthdate: _____ Grade _____
_____ Birthdate: _____ Grade _____
_____ Birthdate: _____ Grade _____
_____ Birthdate: _____ Grade _____

School Transferred from: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

Please send the following information:

- | | |
|---|---|
| Cumulative file including birth certificate | Current grades up to date of withdrawal |
| Test Scores | Title I Records |
| Psychological Reports | Health Records/Complete Immunizations |
| Special Education Records/Information including IEP | |

Send records to:
Gallatin Gateway School
PO Box 265
Gallatin Gateway, MT 59730
Fax: (406)763-4886

- Please immediately fax:
- 1) Complete immunizations and
 - 2) Birth certificate.

Parent Signature Date School Official Signature Date

According to the Education Amendment of 1974, protection of the rights and privacy of parents and students section 438, subsection (b) (1), parts and B, page 97, "School Officials, including teachers with the educational institution and officials of other school systems in which the student may intend to enroll may receive a student's records without a written consent to such release." (As amended June 17, 1976)

The Gallatin Gateway School community empowers our students to take responsibility for their learning so they may achieve their individual potentials as lifelong learners and productive citizens.