



EDUCATING THROUGH AN INDIGENOUS LENS

3216 E 29th Street, Minneapolis, MN 55406

Phone: 612.729.9266 Fax: 612.729.9412

Email: info@bdote.org www.bdotelearningcenter.org

REQUEST FOR STUDENT RECORDS 2020-2021

The following student has enrolled at Bdote Learning Center, District 4226:

Student Information:

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Grade Level: _____ Enrollment Date: _____

Previous School Information:

School Name: _____

School Address: _____

City, State & zip: _____

School Phone: _____ School Fax: _____

Parent/Guardian Signature: _____ Date: _____

Previous School – Please forward the following information:

- ✓ Official School Records (name, address, birth day and/or copy of birth certificate, sex, grade level, attendance records, class rank, standardized test results, etc.)
- ✓ Special Education Records – including IEP/504 Plan or other assessments (Please fax ASAP)
- ✓ Standard Test Results/MN Basic Standards Test Results
- ✓ MARSS number or state ID number
- ✓ Legal documents
- ✓ Pre-School Screening Records
- ✓ Discipline Records including suspensions and expulsion paperwork
- ✓ Health Records – including immunizations and Sports Physical
- ✓ ELL/ESL Records

Student records should be faxed to:
(612) 729-9412

Or emailed to:
info@bdote.org

For Office Use Only

- Official Records IEP/SPED MARSS Legal
- Standard test results ESL/ELL Pre-K Screening
- Discipline Records Health Records

Date received: _____ Initials: _____