

**Request for Cumulative Student Records
Holdrege Public Schools**

Holdrege Elementary Schools

505 14th Avenue

PO Box 2002

Holdrege, NE 68949

Holdrege Elementary School (308) 995-4339 Fax (308) 995-4558

HPS Early Childhood Education Center (308) 995-4048

Please forward **all cumulative student record information**, along with a completed transcript of all work completed at your school, including **all health records** to Holdrege Public Schools at the address indicated above. Please include **Special Education and/or Psychological** confidential files if applicable. If applicable, please send **Withdrawal Grades**.

Student Information

First Name	Middle	Last	Grade	Birthdate
Previously Enrolled at: <i>(School Name)</i>				
Previous School Address: <i>(complete address including city/state/zip)</i>		Previous School: <i>(please include all information available)</i>		
		Phone	Fax	Email

First Name	Middle	Last	Grade	Birthdate
Previously Enrolled at: <i>(School Name)</i>				
Previous School Address: <i>(complete address including city/state/zip)</i>		Previous School: <i>(please include all information available)</i>		
		Phone	Fax	Email

First Name	Middle	Last	Grade	Birthdate
Previously Enrolled at: <i>(School Name)</i>				
Previous School Address: <i>(complete address including city/state/zip)</i>		Previous School: <i>(please include all information available)</i>		
		Phone	Fax	Email

Parent/Guardian Information

Name				
Address				
City	State	Zip	Phone	
Parent/Guardian Signature:				Date

Holdrege Public Schools

Signature of School Official:	Date
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