



Laurel Public Schools

School District No. 7 & 7-70
606 S 5th Street
Laurel, Montana 59044
406-628-3360

Student Information Request

For the purpose of evaluating eligibility for 2026-2027 out of district attendance.

*[Request for information only - **NOT** a transfer of records request]*

Date: _____

Student's Full Name _____

Date of Birth _____ Grade (2026-2027) _____

My child currently attends or most recently attended the following school (include school name, city and state): _____

Has your child been expelled? ___Yes ___No

Have you been cited for truancy? ___Yes ___No

Has your child been suspended from school in the last 3 years? ___Yes ___No

I hereby authorize the above-named school to provide the information listed below to Laurel Public Schools for the purpose of evaluating my child's eligibility for Out of District Enrollment:

Parent/Guardian Signature _____ Date _____

Email address _____ Phone _____

*****Office Use*****

Attention School Staff:

Please email or fax the following information (along with this page) to:

lisa_harris@laurel.k12.mt.us OR 406-628-3375 (fax)

- **Quarter Report Card** and High School Transcript (if applicable)
- **Disciplinary Records** or confirmation that no disciplinary records exist
- **Attendance Record** for the most recent school year
- **Special Services** and/or **Support Programs** information

Check any of the following terms that apply to this student: ___ *Expelled* ___ *Truant* ___ *Suspended*

Thank you!