**Request for Cumulative Folder / Special Education File**

Date:

Requesting School: **Rosthern Community School**

Contact Person: Andrea Foster/Miranda Isaak

Mailing Address: **Box 820 Rosthern, Saskatchewan S0K 3R0**

Sending School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Students Name** | **DOB** | **Grade** |
|  |  |  |
|  |  |  |

We are requesting the above-mentioned student’s cumulative folder. Please forward as soon as possible. Include any Special Education information to assist in appropriate programming and placement.

Thank you for your assistance!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature – Andrea Foster Parent/Guardian Signature