

# FAX

*Kress Independent School District*

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Kress, TX 79052

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TO:		FROM:	
FAX:		PAGES:	
PHONE:		DATE:	
RE:		CC:	

URGENT

RECORDS REQUEST

PLEASE REPLY

Student Name:

Date of Birth:

Grade:

Home Language Survey  
Official State Birth Certificate  
Social Security  
Immunization Records  
Ethnicity/Race Questionnaire  
Testing/TPRI  
ESL/LEP  
At Risk  
Gifted/Talented  
RTI  
Special Ed./504/Speech  
Recent Report Card  
Migrant



*Every Student, Every Chance, Every Day!*