



GALENA INTERIOR LEARNING ACADEMY

www.galenaalaska.org/GILA

P.O. Box 359, Galena, AK 99741

TEL (907) 656-2053, FAX (907) 656-259

records@galenanet.com and enrollment@galenanet.com

**Student Records Request for Enrollment Determination
(FOR REVIEW PURPOSES ONLY)**

Name of Student: _____

Date of Birth: _____

School currently attending: _____

Fax: _____

Phone: _____

Email: _____

Please forward the following information:

- Current Grade/Attendance Report
- Transcript
- 2 years previous SBA scores
- HSGQE & WorkKey results (if applicable)
- LEP-Limited English Proficiency (if applicable)
- Current IEP & ESER or ILP (if applicable)

**Per parent signature below, please email records,
if at all possible. Thank you for your cooperation.**

Signed: _____ Date: _____

Parent/Legal Guardian Signature

Parent/Legal Guardian Printed Name

