



Diamond Fork Middle School

Web www.dfms.nebo.edu Address 50 North 900 East, Spanish Fork, Utah 84660 Phone (801) 798-4052 Fax (801) 798-4098

Request for Official School Records

To: Mount Mahogany P.G.

ATTN: STUDENT RECORDS FAX: _____

Dear Principal or Records Clerk:

The following student has enrolled in our school. Please send his/her academic files for our records.

Student Name: Ariana Fausett

Grade: 6 Date of Birth: 5-23-12

Records Needed:

- Permanent records including most recent report card
- All health/medical data
- All educational tests and achievement data
- Special Education (tests, reports, IEP, 504, etc.)
- Confidential files (counseling, behavior, etc.)

*Sent 9/18/23
SGama*

Most Recent Scores for the following:

Please circle their academic level:

Benchmark: _____	Below	On Grade Level	Above
------------------	-------	----------------	-------

End of Year Testing:

Math _____	Below	On Grade Level	Above
English _____	Below	On Grade Level	Above
Science _____	Below	On Grade Level	Above

Please mail this information to: Diamond Fork Middle School
50 North 900 East
Spanish Fork, UT 84660

You may scan and email to: trudy.ballow@nebo.edu Or fax (801) 798-4098

Trudy Ballow

Registrar

Date

8-8-23

Ariana Jayne Fausett
 99 N 1170 W APT 204
 Pleasant Grove, UT 84062
 Guardian: Kyla Jo Fausett

Other ID: 9375802
 Grade: 06
 Phone: (607)684-0121
 Birthdate: 05/23/2012

Homeroom: 105
 Teacher: Sam Briggs
 Term: 01
 Ethnicity: W

Withdrawal Date: 8/17/23

Withdrawal Code: TS

08/16/2023 - 10/18/2023

Period	Course Name	Teacher	Room	*Grade	Books/Fines	Teacher Signature
01	Attend-6th Grde	Sam Briggs	105			
01	Language Arts 6	Sam Briggs	105			
02	Math 6	Sam Briggs	105			
03	Science 6	Sam Briggs	105			
04	Social Studies6	Sam Briggs	105			
05	LearningHabits6	Sam Briggs	105			
06	Music 6	Sam Briggs	105			
07	Art 6	Brande,Amelia	102			
08	PE 6	Suzie Cindrich	Gym			
09	Ed Tech 6	Royer	134			

New School: Diamond Fork Middle School

Administrator: _____

Counselor: _____

Night School: _____

Registrar: _____

Locker #: _____ Chk: _____

Student Signature: _____

* Parent/Guardian Signature: _____

Receipt #: _____

Check #: _____

Library: _____ Amount Due: _____

Office: SGammr Amount Due: _____

Book Refund: _____ Amount Due: _____

Year Book: _____ Amount Due: _____

Activity Cd: _____ Fee: _____

Cafeteria: _____ Balance: _____

Amount Paid: _____

* Not Needed At Year-End Checkout