



QUEEN CITY PREPARTORY ACADEMY

Attn: Mrs. Naundra Taylor

P.O. Box 33664

Charlotte, NC 28233

Phone - (704) 672.9952

Fax - (704) 494.4005

ntaylor@queencityprep.org

REQUEST FOR SCHOOL RECORDS

STUDENT: _____

DATE OF BIRTH: _____

PREVIOUS GRADE: _____

PREVIOUS SCHOOL: *(Please provide name, address, and telephone number of previous school.)*

(School Name)

(School Address)

(City, State, Zip)

(School Telephone Number)

(Signature of parent/guardian authorizing release) / /
(Date)

PLEASE FORWARD ALL SCHOOL RECORDS FOR THE ABOVE NAMED STUDENT TO:

QUEEN CITY PREPARATORY ACADEMY
Attn: Mrs. Naundra Taylor, P.O. Box 33664, Charlotte, N.C. 28233

- | | |
|--|--|
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Birth certificate |
| <input type="checkbox"/> Scholastic Records (courses, grades and credits earned) | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Grades to date of withdrawal (if applicable) | <input type="checkbox"/> Discipline Records (if applicable) |
| <input type="checkbox"/> All available test scores | <input type="checkbox"/> Any other information relative to student placement |
| <input type="checkbox"/> Immunization records | |

THANK YOU for your prompt response.