



REQUEST FOR STUDENT RECORDS

Student's Full Name: _____ Grade: _____

Name and Address of Last School Attended:

Previous School's Phone #: _____

I hereby give _____ (name of previous school/data manager) permission to release all school records for my child and to be forwarded to Monroe Charter Academy.

Please send the following:

- Grades as of the date of withdrawal from your school
- Attendance record for all previous years
- All test results
- Immunization records/health documents
- Birth Certificate
- Gifted/Exceptional Children's records
- Any/all behavioural records
- Any other academic records

Parent Signature: _____ Date: _____

Data/Office Manager signature: _____ Date: _____

Address: 200 Tomberlin St. Monroe, NC 28112 Phone: _____