



## Transcript Request Form

**PARENTS:** Please complete this form and submit it to your child's current school office.

Applicant's Full Name – Last	First	Middle
Current School	Principal	School Phone Number
School Address		School Fax Number

**To: Current Principal/Headmaster/Registrar:**

Our child has applied to Palisades Episcopal School for the \_\_\_\_\_ grade for term beginning \_\_\_\_\_, 20\_\_\_\_\_

Please release copies of the following:

- Complete transcript of grades
- All standardized test scores
- Immunization and health records
- Any other pertinent information concerning this student

We the undersigned request that copies of all records pertaining to the student named above be sent to Palisades Episcopal School. We have been informed that the purpose of obtaining transcripts is for appropriate grade placement.

**Parent Signature:** \_\_\_\_\_

Please send transcripts to:

Palisades Episcopal School  
13120 Grand Palisades Parkway  
Charlotte, North Carolina 28278  
Fax: 704.583.1885