



# Transcript Request Form

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PARENTS:

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

CURRENT SCHOOL: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

We the undersigned request that transcripts be sent to Palisades Episcopal School from the institution(s) currently/previously attended by the student named above. 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