

**Antioch Elementary**  
3101 Antioch Church Road  
Matthews, NC 28104  
Phone: (704) 841-2505 Fax: (704) 841 2578

**FAX**

To: \_\_\_\_\_  
(Previous School Child/Children Attended)

Fax Number of Previous School: \_\_\_\_\_

**REQUEST FOR RECORDS**

I give permission for all school records for my child/children to be forwarded to Antioch Elementary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Child/Children's Names:**

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Grade

**Please send all that may apply:**

- Birth Certificate
- Health/Immunization Records
- Attendance Information to date
- Report Cards to date
- Test Scores (Achievement/Aptitude)
- Gifted Education Program Eligibility
- Exceptional Children's Records (IEP, evaluations, etc.)
- 504 Plans