



### TRANSCRIPT RELEASE REQUEST

Student's Name: _____		
Last Name	First Name	
Previous School Attended: _____		
Address: _____		City: _____ Zip: _____
Phone Number: _____		
Fax Number: _____		

Please provide the following information to our admission's office so that we can complete the enrollment process for the student listed above:

- Grades for this school year
- Any standardized test scores, and any psychological/counseling reports
- Official transcript
- Recommendations from teachers, counselors, and principal
- Any discipline documentation
- Medical records – immunization card & student health examination
- Copy of birth certificate

### PLEASE FAX RECORDS TO:

#### **cfa Academy Admissions**

154 Warren C. Coleman Blvd., Concord, NC 28027

704.793.4750

Elementary Office Fax: 704.793.4784

Upper School Fax: 704.793.4835

*Students are admitted to cfa Academy without regard to race, color, national and ethnic origin.*