



## Transcript Request Form

The student indicated below has recently applied for admission to Gaston Day School. In order to review this student for admission, we must receive a copy of his/her academic record. Please ensure that the records include a minimum of three years of the student's academic progress.

Your office can scan, mail, or fax the School a copy of this student's transcript including all standardized test scores. Please keep a copy of this parent's release on file so that we may request final records where applicable.

If you have any questions, please contact Davidson Hobson, Director of Admissions at 704.864.7744 ext. 174. Thank you for your assistance with this matter.

### To the Parent/Guardian:

**Please complete this section and deliver this form to your child's *current* school. Gaston Day School requires a transcript with three years of grades. Please *do not mail* this form directly to Gaston Day School. Mail this form to your child's *current* school.**

Name of Student: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
(please print)

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

### Registrar:

**Please return transcript to:**

Davidson R. Hobson  
Director of Admissions  
Gaston Day School  
2001 Gaston Day School Road  
Gastonia, North Carolina 28056  
Phone 704.864.7744 ext. 174 Fax 704.865.3813  
dhobson@gastonday.org