



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 along with the school profile (if available.) 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 Susan Gibson, Associate Director of Admissions at 704.864.7744 ext. 175. 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:

Susan Gibson
Associate Director of Admissions
Gaston Day School
2001 Gaston Day School Road
Gastonia, North Carolina 28056
Phone 704.864.7744 ext. 175 Fax 704.865.3813
sgibson@gastonday.org