

Official Release Records
Admissions Verification Form (AVF)

Please forward student record to:
Queen's Grant Preparatory High School
10323 Idlewild Rd, Matthews NC 28105
(ph) 704-545-0736 (fx) 704-545-0738

Student Information:

1. Child's Name: _____ Date Of Birth: _____
Grade Entering: (2009/2010 school year) _____

2. **Please Check one:**

My Child has academic records at the school listed below. By signing this form, I am releasing those records from the previous school to Queen's Grant Preparatory High School. **Complete entire form please.**

My child was home schooled (copies of any progress reports or standardized tests, if you have any, should be returned with this form). **Skip to #4.**

My child does not have academic records. **Skip to #4.**

Previous School Information:

3. School Name _____ Grade _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Fax Number _____

The named student has enrolled at Queen's Grant Preparatory High School. Please forward the following information to the address at your earliest convenience, but no later than August 10, 2007.

- 1) **Cumulative Folder** (including health records, test results and other evaluative summaries), and
- 2) **Confidential File** if applicable (including any I.E.P. records, psychological evaluations, social work evaluations, or anything else applicable to special educational services).

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Parent/Guardian Information:

4. By Signing this form,

I agree to enroll my child at Queen's Grant Preparatory High School for the **2009/1010** school year.

I have read and agree with the enclosed policy.

My child will be in attendance on the 1st day of school or I will provide an excused absence by 12:00pm on the 1st day. Please call the school to report excused absences.

I understand that if my child is not in school on the 1st day or does not report an excused absence, my child's seat may be given to someone on the waiting list.

Parent/Guardian (Please Print) _____ Date _____
Parent/Guardian (Please Print) _____ Date _____