



EXCELSIOR

CLASSICAL ACADEMY

A Challenge Foundation Academy

Former School: _____

Fax Number: _____

Attention: **RECORDS DEPARTMENT**

The following student(s) enrolled in Excelsior Classical Academy for the _____ School Year.
Please see the second form attached as release of records.

Student: _____

DOB: _____ Grade: _____

Please include the following:

- Copy of Birth Certificate
- Copy of Proof of Residency
- Reading, Writing, and Math Portfolios
- Any Court Records
- All Discipline Records
- Immunization Records
- Test Scores (Standardized, BOGs, EOGs, EOCs, etc.)
- Report Cards
- Official Transcripts
- Any Exceptional Children's Files, 504 Plan, AIG Records, or Student Assistance Records

Please send all records to:

Excelsior Classical Academy
4100 N. Roxboro St
Durham NC 27704
Fax: 984-219-2610

Date of Request: _____

If you have any questions, please contact Michelle McAlexander at 919-213-8585