

# Chickamauga City Schools

## Request for Student Records

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous School:

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Applied for admission to:

- Chickamauga Elementary School
- Gordon Lee Middle School
- Gordon Lee High School

Student: \_\_\_\_\_

*(Print full name as it appears on birth certificate)*

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Applying to Enter Grade: \_\_\_\_\_

*Please send the following information:*

Current transcript (official copy)  
Special Education Records  
SST / 504 Plan  
Gifted Records  
Basic Skills / Achievement Test scores  
Date of withdrawal from your school

Discipline Record  
Attendance  
Birth Certificate  
Social Security card  
Certificate of Immunization/Health Records (EED)  
Date entered 9<sup>th</sup> Grade \_\_\_\_/\_\_\_\_/\_\_\_\_

The official records should be faxed or mailed to:

Fax #: 706-375-3187  
(fax or scan/email is preferred)

Gordon Lee High School  
Attn: Lori Strickland, Registrar  
105 Lee Circle  
Chickamauga, GA 30707

*If further information is needed, please contact the Registrar's Office at (706) 382-3100 ext 3044 or [lori.strickland@glschools.org](mailto:lori.strickland@glschools.org)*

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### Disclosure Statement:

Has student been found guilty of committing a crime as defined in Georgia law?  yes  no

If yes, explain: \_\_\_\_\_

I authorize and request the records listed above be released to Chickamauga City Schools. I understand that enrollment is conditional pending the release of all previous records. I certify that the information provided above is true to the best of my knowledge.

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

\_\_\_\_\_  
Date