TEACHER QUALIFICATIONS INFORMATION REQUEST FORM

Davidson County Schools

Request for Information About Teacher Qualifications

Instructions to Parents: Please complete this form. Use a separate form for each teacher.

Completed forms must be mailed or emailed to:

Lydia Hedrick, Director Human Resources
Davidson County Schools
PO Box 2057
Lexington, NC 27393-2057
lydiahedrick@davidson.k12.nc.us

Information will be sent to you within 30 days.

School Name: _____

Name of Teacher: Mr. Mrs. Ms. _____

Grade Level: _____ Subject (if applicable): _____

Name of Parent(s) Requesting Information: _____

Name of Student: _____

Mailing Address (where information is to be sent or faxed):

_____
City State Zip code

Fax number: _____

Daytime telephone number in case of questions:_____

For district use:

Received by School: _____, _____
Date Initials

Received by Human Resources: _____, _____
Date Initials

Completed by: _____, Mail date_____, Fax date_____
Initials

Copy to:
Notes:

FORMA RESPONDIENDO CON INFORMACION DE MAESTRA/O/ASISTENTE

Escuelas Condado Davidson

Solicitud Informacion Sobre Acreditaciones de Maestra/o / Asistente

Instrucciones a Padres: Favor de llenar esta forma. Use una forma para cada maestra/o / Asistente.

Los formularios deben ser completados y enviados por correo o por correo electrónico a:

Lydia Hedrick
Director para Recursos Humanos
Escuelas Condado Davidson
P O Box 2057
Lexington, NC 27393-2057
lydiahedrick@davidson.k12.nc.us

La informacion sera enviada a usted en 30 dias.

Nombre de la Escuela: _____

Nombre de Maestra/o Sr. Sra. Srita. _____
o
Nombre de Asistente de Maestra/o: Sr. Sra. Srita. _____

Nivel de Grado: _____ Materia (si aplica): _____

Nombre de Padre(s) Pidiendo Informacion: _____

Nombre del Estudiante: _____

Domicilio Postal (lugar para envio de informacion por correo o fax):

_____

Ciudad Estado Codigo Postal

Numero de Fax: _____

Numero Telefonico diurno, en caso de tener preguntas: _____

Para uso del distrito:

Received by School: _____, _____
Date Initials
Received by Human Resources: _____, _____
Date Initials
Completed by: _____, Mail date_____, Fax date_____
Initials
Copy to:
Notes: