

8701 Moores Chapel Road
Charlotte, North Carolina 28214

TEACHER/TEACHER ASSISTANT INFORMATION REQUEST FORM

Charlotte-Mecklenburg Schools

Request for Information About Teacher/Teacher Assistant Qualifications

Instructions to Parents: Please complete this form. Use a separate form for each teacher or teacher assistant. Return the completed form to your school's office or mail to: *8701 Moores Chapel Rd. Charlotte, NC 28214*. Information will be sent to you within 30 days.

School Name: _____

Name of Teacher: Mr. Mrs. Ms. _____

or

Name of Teacher Assistant: 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: Fax number: _____

Daytime telephone number in case of questions: _____