



GREATER ATLANTA CHRISTIAN SCHOOL

GAC FINAL TRANSCRIPT REQUEST

The student below is transferring to GAC for 2024-2025. Please send final transcript at the end of this semester.

Student Name _____

Date of Birth _____ Grade: _____

Most Recent School Attended _____

School Address _____

Data requested:

- Transcript
- Standardized Testing
- Discipline Records
- Birth Certificate
- Immunization Record
- Any Special Program reports (Gifted, IEP, etc)

Notes: _____

Please mail or email to: GAC Admissions
Greater Atlanta Christian School
1575 Indian Trail Road
Norcross, Georgia 30093
770-243-2273
email to admissions@gac.org

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Education and Privacy Act of 1974, the undersigned hereby consents to the release to Greater Atlanta Christian School (GACS) of all educational records, disciplinary records, and other information as may be requested about the above-named individual who has applied to GAC.

Parent/Guardian Signature _____ Date _____