



Quality Education Academy

5012-D Lansing Drive

Winston-Salem, NC 27105

Phone: (336) 744-7138 Fax: (336) 283-0617

Web: www.qeschools.org Email qualityeducation@qeschools.org

TEACHER/TEACHER ASSISTANT INFORMATION REQUEST FORM

Request for Information Concerning 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 the front office of Quality Education Academy. Information will be sent to you within 30 days.

Grade Level (circle one): Elementary School (K-5) Middle School (6-8) High School (9-12)

Name of Teacher: Mr. Mrs. Ms. _____

or

Name of Teacher Assistant: Mr. Mrs. Ms. _____

Grade Taught: _____ Subject (if applicable): _____

Name of Parent(s) Requesting Information: _____

Name of Student: _____

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

Street

City

State

Zip code

Fax number: _____

Daytime telephone number: _____

For district use:

Received by school/date/initials

Received by HR/date/initials

Completed by initials/mail/fax/date

Copy to:

Notes: