



## Georgia Youth ChalleNGe Program

### Academic/Educational Services Records Request

To assist in the determination of participation in the **Georgia Youth ChalleNGe Program**, an applicant's academic and educational records must be obtained from the previous school. **These records are for REVIEW PURPOSES ONLY.** Once it is determined a student is accepted in the **Georgia Youth ChalleNGe Program** and continuing their high school education in partnership with Foothills Education Charter High, a follow up verification of enrollment form will be sent.

PLEASE PRINT  
Current/Last School Attended

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Exact 9<sup>th</sup> Grade Entry Date \_\_\_\_\_  
Have you withdrawn from school? ☐ Yes ☐ No If yes, month and date of withdrawal \_\_\_\_\_

#### PLEASE RELEASE RECORDS FOR REVIEW ONLY-DO NOT COUNT AS A TRANSFER

Applicant Name: \_\_\_\_\_  
FIRST Middle Last  
Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female Grade: \_\_\_\_\_

As applicable, please provide the following:

- |                            |  |
|----------------------------|--|
| *Academic Transcripts      | *Hearing/Vision Screenings               |
| *Attendance Records        | *Gifted Records                          |
| *Standardized Test Scores  | *504 Services                            |
| (including EOC scores, EL, | *Special Education Records               |
| *ACCESS, SAT, ACT)         | (including most recent psychological,    |
| *Discipline Records        | most recent eligibility and IEP, initial |
| *Current Class Schedule    | eligibility and initial IEP)             |
| *Immunization Records      |  |

If permitted by school district please provide the following:

☐ Social Security Card ☐ Birth Certificate

Please accept this document as authorization to release all official school records.

Applicant signature (over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send all requested documents to the campus to which the applicant is applying to enroll.**

#### **Fort Stewart Campus:**

Georgia Youth ChalleNGe Program  
Building 13540, P.O. Box 3610  
Fort Stewart, Georgia 31315  
or Fax them to 912-876-1764  
or e-mail them to  
[documents@gaycp.org](mailto:documents@gaycp.org)

#### **Fort Gordon Campus:**

Georgia Youth ChalleNGe Program  
Building 40006, P.O. Box 7620  
Fort Gordon, Georgia 30905  
or Fax them to 706-791-5979  
or e-mail them to  
[documents@fgyca.org](mailto:documents@fgyca.org)

#### **Milledgeville Campus:**

Georgia Youth ChalleNGe Program  
451 Baland Circle  
Milledgeville, Georgia 31061  
or Fax them to 478-445-0101  
or e-mail them to  
[documents@mvycga.org](mailto:documents@mvycga.org)