



**Parents Right-To-Know
Teacher and/or Teacher Assistant Professional Qualifications**

Complete the form and mail to:

Title I Department
Randolph County School System
2222-C South Fayetteville Street
Asheboro, NC 27205

School Name: _____

Name of Teacher: _____

and/or

Name of Teacher Assistant: _____

Grade Level: _____ Subject (if applicable): _____

Name of Parent(s) or Legal Guardian Requesting Information: _____

Name of Student: _____

Mailing Address (where information should be sent):

City State Zip Code

Daytime telephone number: _____

Information will be mailed within 30 days.

For District Use:

Received by _____ Date _____

Completed by _____ Date _____

Mailed by _____ Date _____

Copy for Title I files at central services _____