



INFORMACION de LIBERACION de REGISTRO de ESTUDIANTE

Fecha: _____

Nombre del Estudiante

Fecha de Nacimiento

Grado

Nombre y dirección de la Escuela Anterior: _____

Telefono: _____ Fax: _____

The above named student has applied for admission to Jean Massieu Academy effective _____ . Please send the following information on the above named student to Jean Massieu Academy.

- ___ Grades, including withdrawal grades
- ___ Date of entry/withdrawal from your school
- ___ Transcript / Report Card
- ___ Test records/achievement scores – TAKS Results
- ___ Key to grading system
- ___ Home language survey
- ___ Health data/immunization records
- ___ Other information that would be helpful in working with this student.

firma del Padre/Guardián

Fecha

Please send records to:

Jean Massieu Academy
Attn: Registrar
823 N. Center Street
Arlington, TX 76011
(817) 460-0396 Phone / TTY
(817) 460-9867 Fax