Jean Massieu Academy

STUDENT RECORD RELEASE INFORMATION

Date: _____

_____	_____	_____
Student	Birthday	Grade

Name and Address of Previous School: _____

_____

_____

Phone: _____ 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.

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

_____ _____

Signature of Parent/Guardian Date

Please send records to:

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