

Grade Applying For: _____

Scholar's Full Name: _____



FIRST

MIDDLE

LAST

JR., ETC.

Section V. Official Transcript & Progress Report Release

Applicant Family

Please submit this form to the scholar's current teacher, allowing time for completion and return. *I waive my right of access and that of my child to this teacher evaluation form. I understand that its content will not be made available by either the referring or receiving school.*

Parent/Guardian Signature: (required prior to completion of this form) _____

ATTN: Head of School, Principal, Director or Registrar

The student listed above is applying for admission to University of Dreams Leadership & Arts Academy for the 2019-2020 academic school year. Please send the following information to the University of Dreams at IBOC.

You may scan and email documents to admissions@universityofdreams.org. You may also fax to 972.709.3888 ATTN: UofD Admissions Office or mail directly to the University of Dreams, Admission Office.

If you submit your documents electronically, it is your option to submit duplicate info via U.S. mail.

Please include:

- Current year-to-date grades (fall semester grades should be included)
- Grade reports from the two previous grade levels (if applicable)
- All standardized test scores
- School absence and tardy information
- School profile and any explanation of grading system/policy
- **Letter of Student Disciplinary Information: If the student has ever been dismissed, suspended, placed on probation from school, incurred serious disciplinary action, please explain on a separate sheet of paper.**

Signature of School Official _____ Title _____

Printed Name of School Official _____ Date _____

Please email this form along with requested material to admissions@universityofdreams.org

Mail the information directly to: University of Dreams, Leadership & Arts Academy, ATTN: Admission Office, 7710 S. Westmoreland Rd., Dallas, TX 75237



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Release of Records

After application submission, I waive my right of access to all and any information submitted during the admissions process or my scholar's admission file. Furthermore, I authorize and understand that my child's name, test scores and other school-related information will be released.

I authorize the exchange of information about my child with the University of Dreams Leadership & Arts Academy for admissions purposes. Please send all current information regarding standardized tests, current classroom grades and evaluation, as well as any disciplinary information, accommodations or IEP information. I understand that this information will be used in evaluating my child's application and will become the confidential property of the University of Dreams Leadership & Arts Academy. I further understand that this information will not be transmitted to a third party.

Parent/Guardian Signatures: _____

Date Signed: _____

All correspondence can be sent to:

Admission Office
University of Dreams at IBOC
Leadership & Arts Academy
7710 S. Westmoreland Road
Dallas, Texas 75237

PH: 972.572.4262
FAX: 972.709.3888