

# **U of D NEW Scholar Admission**

## **Application Grades 1<sup>st</sup> thru 5<sup>th</sup>: 2020 - 2021**

### **Admission Checklist For Parents**

- 1 ☐ **Complete an online application at [www.universityofdreams.org](http://www.universityofdreams.org).**  
**You are more than welcome to complete a paper application from 7710 S. Westmoreland Rd, Dallas, Texas 75237.**
- 2 ☐ **Please remit a non-refundable Application fee of \$75.00 and non-refundable Scholar Assessment fee of \$30.00. For fee payments, please contact Elayne Broussard at 972.572.4262.**  
*Fees of \$105.00 are due on your Parent/ Scholar Interview date.*
- 3 ☐ **Schedule your *Scholar Admission Assessment Date and Parent / Scholar Interview Date* by leaving a voice message at 972.572.4262. Our Director of Education, Sis. Sherrye Vaden, will contact you to coordinate the best day/time (Wed, Thur or Fri)**

**\*NOTE: Scholar Admission Assessment and Parent/Scholar Interview are scheduled to occur on THE SAME DATE.**

- 4 ☐ **Submit the *Confidential Teacher Evaluation (Section IV)* to your scholar's Homeroom Teacher / Principal / Office Staff member as soon as possible. This documentation is needed to complete your admissions information.**

**\*THIS FORM MUST BE KEPT CONFIDENTIAL.\* TEACHER/OFFICE STAFF:**  
**A) Complete, sign & fax to 972.709.3888 ATTN: Admissions Office**  
**B) Complete, sign, scan & email [admissions@universityofdreams.org](mailto:admissions@universityofdreams.org)**

- 5 ☐ **Submit *Official Transcript/Progress Report Release Form (Section V)* & all documentation to the University of Dreams as it is needed to complete your admissions information.**

*Thank you for believing in education and investing in the lives of children at the University of Dreams at IBOC.*  
*~Pastor Rickie G. Rush*



### **WELCOME PROSPECTIVE PARENTS!**

Thank you for your desire to become a trusted supporter and partner with the University of Dreams school system. This is definitely one of the best academic and spiritual decisions you can make on behalf of your child(ren).

We have opened a school to close a prison. U of D believes we are "the school that faith built" and will keep our vow to God to instill biblical leadership, character, faith, service and etiquette into all our awesome scholars.

Our admission process is designed to be an enlightening experience that's as easy as 1-2-3 to complete.

Enjoy your blessings,  
*Sherrye Vaden*

Director of Education  
IBOC Church & U of D

### **ADMISSION PHILOSOPHY**

Our University of Dreams Admissions Decision Team is committed to evaluating each scholar's application packet through a well-rounded lens. Their character, citizenship, giftedness, academic history, discipline, qualities, service to church and community will be taken into account.

**ALL Admission Decisions**  
are emailed to all applicants, regardless of admission status. Feel free to contact us with any questions that arise.



## Section I – A. Scholar's Personal Info

**Student Legal Name** \_\_\_\_\_  
 FIRST M.I. LAST JR., ETC.

**Gender:** ☐ Female ☐ Male      **Age** \_\_\_\_\_      **Date of Birth** \_\_\_\_\_ MM/DD/YYYY

**Ethnicity:** ☐ African American/Black ☐ Caucasian/White ☐ Latino/Hispanic  
(optional) ☐ Native American or American Indian ☐ Asian ☐ Other \_\_\_\_\_

<b><u>Current Grade:</u></b>	Kindergarten	1 <sup>st</sup> Grade	2 <sup>nd</sup> Grade	3 <sup>rd</sup> Grade	4 <sup>th</sup> Grade
<b><u>Grade Applying For:</u></b>	1 <sup>st</sup> Grade	2 <sup>nd</sup> Grade	3 <sup>rd</sup> Grade	4 <sup>th</sup> Grade	5 <sup>th</sup> Grade

**1. Parent/Guardian First & Last Name:** \_\_\_\_\_

Home Address \_\_\_\_\_  
NUMBER AND STREET APT #

CITY STATE ZIP CODE

**Cell Phone** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

**Are you the scholar's legal parent or guardian?**   ☐YES   ☐NO

**Parent/Guardian Email Address:** \_\_\_\_\_

**2. Parent/Guardian First & Last Name:** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
NUMBER AND STREET APARTMENT #

CITY	STATE	ZIP CODE
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**Cell Phone ( )** \_\_\_\_\_ **Email** \_\_\_\_\_

**Are you the scholar's legal parent or guardian?** ☐YES ☐NO

**Parent/Guardian Email Address:** \_\_\_\_\_



**Grade Applying For:** \_\_\_\_\_

**Scholar's Full Name:** \_\_\_\_\_

FIRST	MIDDLE	LAST	JR., ETC.

## Section I - B. Scholar's Educational History

**Please list all schools attended by your scholar (Please begin with his/her current school)**

**School:** \_\_\_\_\_ **Grade/Year Attended** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone (\_\_\_\_)** \_\_\_\_\_  
           **Number**      **Street**                      **City**    **State**    **Zip**

**School:** \_\_\_\_\_ **Grade/Year Attended** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone (\_\_\_\_)** \_\_\_\_\_  
           **Number**      **Street**                      **City**    **State**    **Zip**

**School:** \_\_\_\_\_ **Grade/Year Attended** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone (\_\_\_\_)** \_\_\_\_\_

**Number      Street                      City      State      Zip**

## Has Your Scholar:

a) Repeated a grade before? ☐ YES ☐ NO If yes, which grade(s)? \_\_\_\_\_

b) **Been dismissed or suspended from any school for any reason?** ☐YES ☐NO  
If yes, please explain. Include school and principal name \_\_\_\_\_

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Grade Applying For: \_\_\_\_\_



Scholar's Full Name: \_\_\_\_\_  
 FIRST MIDDLE LAST JR., ETC.

## Section I - C. Scholar **Emergency** Contacts

### **Emergency Contact 1:**

Mr. Mrs. Ms. Dr.

\_\_\_\_\_  
 FIRST MIDDLE LAST

Home Address: Same as scholar ☐ YES ☐ NO

\_\_\_\_\_  
 NUMBER AND STREET APT #

\_\_\_\_\_  
 CITY STATE ZIP

What is your relationship to the scholar?

Parent ☐ Family Member ☐ Friend ☐

Circle Preferred Contact: Cell Work Home

Cell (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Stepparent Name: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

### **Check if applicable:**

☐ Father deceased ☐ Mother deceased ☐ Parents separated ☐ Parents divorced ☐ Other \_\_\_\_\_

### **Emergency Contact 2:**

Mr. Mrs. Ms. Dr.

\_\_\_\_\_  
 FIRST MIDDLE LAST

Home Address: Same as scholar ☐ YES ☐ NO

\_\_\_\_\_  
 NUMBER AND STREET APT #

\_\_\_\_\_  
 CITY STATE ZIP

What is your relationship to the scholar?

Parent ☐ Family Member ☐ Friend ☐

Circle Preferred Contact: Cell Work Home

Cell (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Stepparent Name: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_



**Grade Applying For:** \_\_\_\_\_

**Scholar's Full Name:** \_\_\_\_\_

FIRST	MIDDLE	LAST	JR., ETC.

## Section I - C. Scholar **Emergency** Contacts

### **Emergency Contact 3:**

**Mr.   Mrs.   Ms.   Dr.**

FIRST	MIDDLE	LAST
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**Home Address: Same as scholar** ☐YES ☐NO

NUMBER AND STREET	APT #
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CITY	STATE	ZIP
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### What is your relationship to the scholar?

**Parent** ☐      **Family** ☐      **Friend** ☐

**Circle Preferred Contact: Cell    Work    Home**

**Cell** ( ) \_\_\_\_\_

**Work** ( ) \_\_\_\_\_

**Home (\_\_\_\_)**\_\_\_\_\_

**Employer** \_\_\_\_\_

**Job Title** \_\_\_\_\_

**Stepparent Name:** \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Check if applicable:**

☐ Father deceased    ☐ Mother deceased    ☐ Parents separated    ☐ Parents divorced    ☐ Other \_\_\_\_\_

### **Emergency Contact 4:**

**Mr. Mrs. Ms. Dr.**

FIRST	MIDDLE	LAST
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**Home Address: Same as scholar** ☐YES ☐NO

NUMBER AND STREET	APT #
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CITY	STATE	ZIP
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**What is your relationship to the scholar?**

**Parent** ☐    **Family** ☐    **Friend** ☐

**Circle Preferred Contact: Cell    Work    Home**

**Cell** ( ) \_\_\_\_\_

**Work** (\_\_\_\_)\_\_\_\_\_

**Home (\_\_\_\_)\_\_\_\_\_**

**Employer** \_\_\_\_\_

**Job Title** \_\_\_\_\_

**Stepparent Name:** \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

*\* Current Children's College scholars do not have to complete the Scholar Assessment portion.*



Grade Applying For: \_\_\_\_\_

Scholar's Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST JR., ETC.

## **Section II – Admission Assessment & Interview Registration**

**Applicants for Grades 1<sup>st</sup> – 5<sup>th</sup> are assessed at the University of Dreams Testing Center:**

**\*Scholar Assessment & Parent-Scholar Interview will be scheduled on the SAME DATE.**

☐ I understand my child will test at the University of Dreams at IBOC.

*\*This assessment portion only applies to NEW incoming scholars –not current Children's College scholars.*

Please call 972.572.4262 to schedule your Scholar's Assessment and Parent Interview.

**Our Director of Education will contact you to coordinate the best day/time.**

These are conducted Wednesdays, Thursdays & Fridays.

*The University of Dreams discourages the practice of formally tutoring scholars in preparation for admission testing, as we believe doing so, oftentimes, does not have a positive impact on the child's performance. Instead, we ask that you support and encourage your scholar to be comfortable and at ease – giving the assessment their very best effort.*

☐ As a parent and/or guardian of the above-named scholar, I give the University of Dreams school system permission to assess him/her as a part of the 2020 – 2021 admissions process.

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

Grade Applying For: \_\_\_\_\_

Scholar's Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST JR., ETC.



**Section III - A. Scholar Support Team Statements of Support**  
(Scholar Support Team should work together to complete the following questions collectively.)

1. How did you learn about the University of Dreams Leadership & Arts Academy?
2. Describe your scholar's relationship with his/her family.
3. Describe your scholar's relationship with his/her peers.
4. What are your scholar's greatest strengths?
5. What are your scholar's greatest needs of improvement?
6. What specific steps have been taken to address your scholar's greatest needs?

Grade Applying For: \_\_\_\_\_

Scholar's Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST JR., ETC.



### **Section III - A. Scholar Support Team Statements of Support**

**(Scholar Support Team should work together to complete the following questions collectively.)**

7. Are there any circumstances that will affect your child's attendance or on-time arrival? ☐ YES ☐ NO  
If yes, please elaborate. \_\_\_\_\_
8. Please describe any service or volunteer activities you (the parent/guardian) are involved in.
9. Describe your scholar's current school environment.
10. What factors prompted you to consider selecting University of Dreams Leadership & Arts Academy?
11. How will you/your family support the scholar as he/she attends University of Dreams? (Be Specific)
12. What, specifically, are you looking for in an elementary school?
13. What do you see as your primary role in your child's education?





**Grade Applying For:** \_\_\_\_\_

**Scholar's Full Name:** \_\_\_\_\_

FIRST	MIDDLE	LAST	JR., ETC.

## **Section IV. Confidential Teacher Evaluation (1 of 3)**

### **Applicant Family**

**Please submit this form to the scholar's current homeroom teacher, allowing time for completion and return. Please make every effort to return your paperwork in a timely manner. *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)

**Date Signed**

### Current Homeroom Teacher

The above-named student is applying for admissions to the University of Dreams Leadership & Arts Academy. As part of the admission process, please assess the student as compared with his or her peers. Please be assured that all of the information you provide will be held in strict confidence. The applicant's family has waived their rights of access to this evaluation form's content upon submitting their application.

### Submission Options:

- 1) Print, Complete, Scan and Email this form to [admissions@universityofdreams.org](mailto:admissions@universityofdreams.org)
- 2) Mail the original application to the University of Dreams ATTN: UofD Admissions Office  
7710 S. Westmoreland Rd, Dallas, TX 75237. (Be sure to keep a copy for your records.)
- 3) In-person submission: Information should be in a sealed 9x12 or 10x13 envelope with the receptionist located at 7710 S. Westmoreland Rd, Dallas, TX 75237. ATTN: UofD Admission Office

**Your time and efforts are appreciated. Thank you so much! 😊**



Grade Applying For: \_\_\_\_\_

Scholar's Full Name: \_\_\_\_\_  
 FIRST MIDDLE LAST JR., ETC.

## **Section IV. Confidential Teacher Evaluation (2 of 3)**

1. Please check all words that best describe the scholar's consistent demeanor on most days:

- |                                       |   |  |   |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Motivated    | <input type="checkbox"/> Social         | <input type="checkbox"/> Cooperative   | <input type="checkbox"/> Anxious          |
| <input type="checkbox"/> Assertive    | <input type="checkbox"/> Delightful     | <input type="checkbox"/> Shy           | <input type="checkbox"/> Follower         |
| <input type="checkbox"/> Honest       | <input type="checkbox"/> Conscientious  | <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Inspiring        |
| <input type="checkbox"/> Manipulative | <input type="checkbox"/> Disobedient    | <input type="checkbox"/> Cheerful      | <input type="checkbox"/> Confident        |
| <input type="checkbox"/> Independent  | <input type="checkbox"/> Leader         | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Self-Disciplined |
| <input type="checkbox"/> Humorous     | <input type="checkbox"/> Kind/Courteous | <input type="checkbox"/> Responsible   | <input type="checkbox"/> Other: _____     |

2. What have you discovered to be this scholar's strengths and weaknesses? (List at least 3 each)

STRENGTHS:

WEAKNESSES:

3. Has outside counseling, enrichment, tutoring or testing of any kind been recommended? ☐YES ☐NO  
 If yes, please elaborate specifically.

4. Please describe the parent(s) expectations, support and attitude toward the scholar and the school.



Grade Applying For: \_\_\_\_\_

Scholar's Full Name: \_\_\_\_\_  
 FIRST MIDDLE LAST JR., ETC.

## **Section IV. Confidential Teacher Evaluation (3 of 3)**

We value your educational perspective. Please select one (1) of the following statements:

Regarding the above-named scholar, my educational opinion is he/she comes:

- ☐ Highly Recommended
- ☐ Recommended
- ☐ Recommended BUT with reservations because of ☐ behavior ☐ academics ☐ parent issues ☐ testing needed
- ☐ NOT Recommended, unfortunately, because of ☐ behavior ☐ academics ☐ parent issues ☐ testing needed

Please elaborate on your choice, if you desire:

Please write in PRINT the following:

TEACHER NAME	SCHOOL NAME
COURSE/SUBJECT TAUGHT	# YRS TEACHING THIS SCHOLAR
TEACHER PHONE	TEACHER EMAIL
TEACHER SIGNATURE	DATE SIGNED

ATTN: HOMEROOM TEACHER: May we contact you, if needed? ☐ YES ☐ NO

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 2020 -2021 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](mailto: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: *(The interview process will not proceed until the documents listed below are received at U of D.)*

- 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 (current and prior)
- School absence and tardy information (current)
- 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](mailto:admissions@universityofdreams.org)

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



Grade Applying For: \_\_\_\_\_

Scholar's Full Name: \_\_\_\_\_  
 FIRST MIDDLE LAST JR., ETC.

## **Section V. Official Transcript & Progress Report Release**

### **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