

DOCUMENT HEADER SHEET

School/Organization: George Jackson Academy

Document Requested: School Transcript Form

Document Identification

Student First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Student Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Applying For Grade

--	--	--

Document Submission Instructions

Submit the requested document along with this completed header sheet to TADS Admissions and Enrollment Management. TADS provides assistance in collecting and making documents available to our school, greatly reducing our overhead, enabling us to serve our families.

Please complete all forms neatly with a black-ink pen only. Illegible forms will cause a processing delay and we may need to contact you for form recompletion and resubmission.

FAX

612-548-3323

POSTAL MAIL

TADS Admissions and Enrollment
110 N 5th St., Second Floor
Minneapolis, MN 55403

UPLOAD

Scan this header sheet along with your document and upload to:
<http://www.tads.com/docupload>



George Jackson Academy

A Brotherhood of Future Leaders

SCHOOL TRANSCRIPT

TO THE PARENT: COMPLETE THE INFORMATION IN THE TOP SECTION, AND GIVE THE FORM TO YOUR SON'S GUIDANCE COUNSELOR OR PRINCIPAL, ALONG WITH A STAMPED ENVELOPE.

STUDENT NAME _____
FIRST MIDDLE LAST

PRESENT GRADE _____ SCHOOL NAME _____

I AUTHORIZE THE RELEASE OF MY CHILD'S ACADEMIC RECORDS/TRANSCRIPT INCLUDING ANY INDIVIDUALIZED EDUCATION PLANS.

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

TO THE SCHOOL OFFICIAL: THE STUDENT NAMED ABOVE IS A CANDIDATE FOR ADMISSIONS AT GEORGE JACKSON ACADEMY. THE SCHOOL RECORD IS VITAL TO OUR PROCESS, AND WE APPRECIATE YOUR HONEST RESPONSES.

APPLICANT'S FINAL REPORT CARD GRADES FROM PREVIOUS SCHOOL YEAR

E.L.A./READING		WRITING	
MATH		CONDUCT	
SOCIAL STUDIES		AVERAGE	
SCIENCE		CLASS RANK (IF APPLICABLE)	

APPLICANT'S MOST RECENT GRADES FOR THE CURRENT SCHOOL YEAR

E.L.A./READING		WRITING	
MATH		CONDUCT	
SOCIAL STUDIES		AVERAGE	
SCIENCE		CLASS RANK (IF APPLICABLE)	

MOST RECENT STANDARDIZED TEST SCORES (N.Y. STATE TEST, ERBs, ETC) THESE MAY BE FROM THE PREVIOUS SCHOOL YEAR

	E.L.A. / READING		MATHEMATICS		SCIENCE
NAME OF TEST		NAME OF TEST		NAME OF TEST	
DATE GIVEN		DATE GIVEN		DATE GIVEN	
SCORE		SCORE		SCORE	

CHECK IF APPLICABLE

<input type="checkbox"/>	STUDENT IS AN ENGLISH LANGUAGE LEARNER	<input type="checkbox"/>	STUDENT NEEDS REMEDIATION	<input type="checkbox"/>	STUDENT HAS AN IEP ON FILE	<input type="checkbox"/>	STUDENT REPEATED OR SKIPPED A GRADE	<input type="checkbox"/>	PLEASE CALL ME FOR MORE INFORMATION
--------------------------	----------------------------------------	--------------------------	---------------------------	--------------------------	----------------------------	--------------------------	-------------------------------------	--------------------------	-------------------------------------

YOUR NAME AND POSITION _____

DATE _____

YOUR E-MAIL ADDRESS _____