



RELEASE FORM FOR ACADEMIC AND PERSONAL RECORDS

The below named student has applied for admission to Jesuit Academy for the **2020-2021** academic year. Please forward an official copy of his records as marked to Jesuit Academy.

I hereby authorize _____ to release the records of _____
Name of Student's Current School *Student's Full Name/Date of Birth*
 to Jesuit Academy.

Parent's or Guardian's Signature: _____ Cell Phone: _____

Street Address *City* *State* *Zip* *Date*

PARENT OR GUARDIAN:

Check the box or boxes of the information you want to be released to Jesuit Academy. When completed, turn this form in to your student's current school office to either the principal or school secretary.

Please identify by marking an "X" in the appropriate box(s).

Consent Granted

Consent Denied

Type of Information to be Released

Official permanent record (parent's and student's name, birth date, grade level, academic level of achievement, Achievement and aptitude test, and attendance data).

Teacher/Counselor observations and rating/Behavior Reports

Immunizations Records (include hearing and vision reports)

Psychological evaluations NOTE: This information will be held confidential but test scores contained herein may be used for administrative purposes in the placing of the student.

Special Education (i.e. -- IEP)

I.Q. -Test results -Test Scores

Birth Certificate

Instructions to the Elementary School:

We prefer you send us the student named above 4th quarter of 2nd grade report card and 1st quarter of his 3rd grade report card (usually from mid-October 2019). You can mail them to 2311 N.22 Street, Omaha, NE 68110, email them to jmsoffice@jesuitmso.org or fax to 402-341-1817. We prefer to get this information by Dec. 31, 2019. Thank you.



Jesuit Academy Recommendation Form 2020-2021

Candidate's Full Name _____

The above named candidate has requested your assistance in filling out a recommendation form for Jesuit Academy. The information that you provide is private and will not be shared with the student or his parents. In saying that, the person filling out this form (teacher) can fax it to the school or email. fax: 402-341-1817 or jmsoffice@jesuitmso.org

Person completing form _____

Relationship to student _____

Please rate the student using the scale provided. For responses of 2 or lower, please comment.	1= poor 3= average 5= excellent	Comments
Attitude		
Acts Responsibly		
Attendance		
Works Well With Others		
Respectfulness		
Maturity		
Work Ethic/Effort		
Punctuality		
Leadership Potential		
Parental Involvement		

Overall impression of candidate: (please circle one)

Highly recommend Recommend Recommend with reservation Do not recommend

If you would like to provide any additional information pertaining to this student, please use the backside of the recommendation form or you may call Mr. Glenn Mitchell, Principal at 402-346-4464.

Signature _____ Date _____

ACADEMIC INFORMATION

Schools Attended:

<u>School</u>	<u>Dates Attended</u>	<u>Grades</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has student ever been evaluated for or received services under Title I in any grade?

Yes No If yes, what grades? _____

Is there any illness or disability which may interfere with the child's studies or participation in extracurricular activities? Yes No If yes, please indicate what they are and explain (asthma, dyslexia, etc.):

Is the child presently enrolled in any type of special education program at the school he attended? Yes No If yes, please explain. _____

Parent's Statement of Intent

Why do you wish your child or ward to attend Jesuit Academy?

Parent Expectations

We ask that you uphold the school with positive communication and attitude. Share any complaints only with the staff/faculty and not with your child or others parents.

We ask that you support the faith-based teachings of the school.

We ask that you uphold the schools standards of conduct and discipline; therefore, you will cooperate with the disciplinary program of the school and cooperatively work with administration and faculty.

We ask that you be involved by participating in your children s education, various projects, and other school and community activities throughout the year.

We will require you to provide family income documents such as 1040 tax forms, current W-2 forms and any or other supporting documentation that will be asked at the time of acceptance into Jesuit Academy.

We will ask that you uphold the school standards of academic excellence by supervising homework as needed and encouraging the timely completion of all assignments.

We will ask that you honor a financial commitment to Jesuit Academy You may choose to pay annual tuition in either a single annual payment or ten equal monthly payments beginning in August and ending in May.

We ask that you will support Jesuit Academy's extended school day model (7:50-4:30pm) and also ensure your child's daily attendance during the mandatory 3-week Summer Camp Program

THANK YOU FOR YOUR INTEREST IN JESUIT ACADEMY

Please return this application **by Jan. 10, 2020** directly to the school office at the address below or in person:

**Jesuit Academy
C/O Admissions Application
2311 North 22nd Street
Omaha, Nebraska 68110**