



University School of Jackson Official Request for Admissions Information

Full Name of Student: _____

Date of Birth: _____

Applying for Grade: _____ Present Grade: _____

Present School: _____

Present School Address: _____

Present School Phone Number: _____

The above named student has made application to the University School of Jackson. Please forward a copy of the student's transcript, current report cards, standardized test scores, reports of any psychological or educational testing, birth certificate, immunization record, and the attached Student Recommendation Form(s). Please send to...

**University School of Jackson
Admissions Office
240 McClellan Road
Jackson, TN 38305**

I, the undersigned parent/guardian, am aware of the above request, and I approve the release of these records to the University School. I understand that the recommendation form is confidential and not accessible to me.

Date: _____ Parent/Guardian: _____