



***RELEASE OF INFORMATION FORM  
FOR ENTRY INTO GRADES 6-8***  
**(Please Submit to Solomon Schechter School of Westchester)**

I hereby give permission to Solomon Schechter School of Westchester to contact my child's teacher(s) and/or school administrator(s) to discuss any issues pertinent to my child's application to Solomon Schechter.

NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME OF CURRENT  
TEACHER(S): \_\_\_\_\_

NAME(S) AND TITLE(S)  
OF ADMINISTRATOR(S): \_\_\_\_\_  
\_\_\_\_\_

I understand that it is my responsibility to have the above school forward to Solomon Schechter complete school records on my child. Further, Solomon Schechter must receive these documents before an admissions interview appointment can be scheduled for my child.

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

Please send all information to:  
**Director of Admissions**  
**Solomon Schechter School of Westchester**  
**555 West Hartsdale Avenue**  
**Hartsdale, NY 10530**  
**(914) 948-7979 (fax)**