



SOLOMON SCHECHTER  
SCHOOL OF WESTCHESTER

ללמוד וללמד לשמור ולעשות

Office of Admissions

**RELEASE OF INFORMATION FORM  
FOR KINDERGARTEN ENTRY**  
(Please return to Solomon Schechter School of Westchester  
30 Dellwood Rd, White Plains, NY 10605)

Date: \_\_\_\_\_

**To Parents of Kindergarten Applicants:**

**Please complete and sign this Release of Information Form and send with the application to Diana Schutt, Lower School Director of Admissions. This completed form, together with a confidential School Report Form, will be forwarded to your child's early childhood school.**

I hereby authorize you to send school records/reports of my child to Diana Schutt, Lower School Director of Admissions, Solomon Schechter School of Westchester. I understand the School Report Form is confidential between the sending school and Schechter Westchester and will be used for admissions purposes only.

I understand that my signature on this form authorizes Solomon Schechter School of Westchester to contact my child's early childhood teacher(s) and/or school director at any time during the admissions process.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_  
(Please print)

**\*\*PLEASE PRINT CLEARLY\*\***

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Name Casually Called In School \_\_\_\_\_

Present School \_\_\_\_\_

School Address \_\_\_\_\_

City State Zip

School Phone \_\_\_\_\_ Date Entered \_\_\_\_\_

School Fax \_\_\_\_\_

Current Teacher(s)/Class \_\_\_\_\_

School Director \_\_\_\_\_ Director's email: \_\_\_\_\_

Parents' Names \_\_\_\_\_

Parents' Address \_\_\_\_\_

Parents' Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_