



SOLOMON SCHECHTER  
SCHOOL OF WESTCHESTER

ללמוד וללמד לשמור ולעשות

**RELEASE FOR SCHOOL RECORD  
GRADES 1-5**

**(Please return to Solomon Schechter School of Westchester)**

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

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

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

\_\_\_\_\_  
Name of Child Date of Birth Gender

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Head/Principal

\_\_\_\_\_  
Teachers

\_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_  
Phone Fax Teacher or Principal's email

I understand that it is my responsibility to request that my child's transcripts be forwarded from my child's current school to Solomon Schechter School of Westchester. Further, Schechter Westchester must receive these documents before an admissions screening appointment can be scheduled for my child.

\_\_\_\_\_  
Parent or Guardian's Name

\_\_\_\_\_  
Parent or Guardian's Signature Date

Please send all information to:  
**Director of Admissions**  
**Solomon Schechter School of Westchester**  
**30 Dellwood Road**  
**White Plains, NY 10605**  
**(914) 948-4356 (fax)**