

RELEASE FOR SCHOOL RECORDS GRADES 1-5

(Please Submit to Applicant's Current School)

Parents or Guardians:

| | nplete, sign, and submit this form to your child's current Head of School or Principal and ask that information be to Schechter Westchester. |
|-------------------|---|
| Name of (| Child |
| Name of S | School |
| Head/Prin | ncipal |
| City, State, | , Zip Code |
| Phone | Fax |
| | I request that the school record of my child |
| who is in t | he be forwarded to Solomon Schechter School of Westchester |
| | rpose of admission review and academic placement. Please include the following |
| 1) T ₁ | ranscript of academic record (most current report card, final from past 2 years.) |
| , | esults of standardized achievement and/or aptitude tests. |
| 3) Co | opies of personal evaluations or psychological reports. |
| | e teachers to release information about my child which would identify apparent learning strengths or weaknesses and f behavior and to communicate with Solomon Schechter School of Westchester at any time during the admissions |
| Si | gnature of Parent or Guardian Date |

Please send all information to:

Director of Admissions
Solomon Schechter School of Westchester
30 Dellwood Road
White Plains, NY 10605
(914) 948-3111 x4370
(914) 948-4356 (fax)