



Records Release Form

To: **Guidance Office**

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone

The student named below has applied for admission to the **Aleph Bet Jewish Day School**. Please have the appropriate teacher(s) complete and return the enclosed form(s) to **Aleph Bet Jewish Day School** as soon as possible. Please also forward *copies* of report cards, transcripts, standardized tests results, and any additional information that would be helpful in the assessment of this student. An appropriate admissions decision can be made only after the receipt of this information.

Thank you very much for your assistance.

Nan Jarashow,  
Head of School

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I hereby give my permission for all necessary documents to be released to the **Aleph Bet Jewish Day School**.

**Name of Student:** \_\_\_\_\_  
Please print

**Name of Parent:** \_\_\_\_\_  
Parent signature Date

• **Parents: please complete, sign, and return this form to Aleph Bet Jewish Day School.**