



## Records Release Form

To: Guidance Office

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number

The student named below has applied for admission to the **Alpert Family Aleph Bet Jewish Day School**. Please forward copies of report cards, transcripts, standardized test results, and any additional information that would be helpful in the assessment of this student.

Thank you for your assistance,

Sarah White  
Head of School

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