



THE HEBREW ACADEMY

Learning and Success for Life

Educational Excellence · Nursery - Grade 8

315 N. Main St. · New City, NY 10956

www.TheHebrewAcademy.org

845-634-0951

Release of Records /07
Applicants to 1st – 8th Grade

To: *(Name and Address of Current School)*

I request that the school records of _____ be forwarded to
Student name

The Hebrew Academy 315 N. Main Street New City, NY 10956

Office 845-634-0951 Fax 845-634-7704

For the purpose of admission review and academic placement, please include the following information:

- Transcripts records for this year and all previous years
- Most current completed semester report card and report Cards of two prior completed school years
- Results of standardized achievement and/or aptitude tests
- Any anecdotal progress or interim reports
- Attendance Information
- Health Records
- Information which would identify apparent learning and behavior strengths or weaknesses

This consent includes teacher/administrator recommendations, evaluations, and possible visits by a representative of The Hebrew Academy to observe my child in his/her current school setting.

Signature of Parent or Guardian

Print Name

Relationship to Applicant

Date

Name of Student _____ Date of Birth _____ Present Grade Level _____

Current School _____ School Phone _____