



**THE  
HEBREW  
ACADEMY**

Release of Records /06

Application for Admission  
2011-2012 School Year

***Ohr Menachem-Chabad***

315 N. Main Street New City, NY 10956  
(845) 634-0951/Tel. (845) 634-7704/Fax  
www.thehebrewacademy.org

BS"D

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

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

- Standardized Test Scores
- Transcripts/Report Cards of two prior completed school years
- Most current completed semester report card
- Attendance Information
- Health Records
- Recommendation Forms– Grades Pre-K thru 5th - 1. Judaic studies 2. General studies  
Grades 6th - 8th – 1. Judaic studies 2. Language Arts 3. Math
- 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 their current school setting.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Present Grade Level \_\_\_\_\_

Current School \_\_\_\_\_ School Phone \_\_\_\_\_

**Please mail all records to:**  
The Hebrew Academy  
315 N. Main Street  
New City, NY 10956  
Office 845-634-0951 Fax 845-634-7704