



**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 1<sup>st</sup> – 8<sup>th</sup> 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 \_\_\_\_\_