

REQUEST FOR STUDENT RECORDS

Parent: Please complete the following section and submit to your child's current school.

Current School _____

Student's Name _____

Student's Birth Date _____ Current Grade _____

Applying to Grade _____

I authorize release of all transcripts and student records for my child to Charlotte Jewish Day School.

Parent's Signature _____

Date _____

Admissions Office: The above-named student is applying for admission to Charlotte Jewish Day School. Please fax or mail the student's record, including:

- Most recent report card
- Report card from all previous years at your school
- Standardized test scores
- Additional educational assessments, IEPs, etc.

You may fax these reports to (704)364-0443 or mail to:

Admissions Office
Charlotte Jewish Day School
P.O. Box 79180
Charlotte, NC 28271-7059