

RELEASE OF RECORDS REQUEST

To Parents/Guardians of Applying Students: Please fill in the required information below, sign, and return to the SSDS Admissions Office.

Name of Current School

Principal

Street Address

City, State and Zip Code

I request that the school record of my child, _____, who is in Grade _____, be forwarded to the Solomon Schechter Day School of Greater Monmouth County, for the purpose of admission review and academic placement. I also understand that this release will allow Solomon Schechter Day School to contact teachers or other professionals, as needed, from the applicant's current school.

Parent or Guardian (Print)

Date

Signature of Parent or Guardian

Date

To the School Official: This student has applied for admission to our school. Thank you in advance for supplying the following information.

Please include the following material:

1. Transcript of academic record or report cards, including courses taken and grades received
2. Attendance Records
3. Results of standardized achievement and/or aptitude tests
4. Copies of learning and/or psychological evaluations, i.e., Child Study Team evaluations
5. Copies of health records and medical forms
6. Completed Teacher Questionnaire Forms (attached)

Please send all information to:

**Solomon Schechter Day School of Greater Monmouth County
P.O. Box 203
Marlboro, NJ 07746
ATTENTION: ADMISSIONS**

Phone: 732-431-5525

Fax: 732-431-2562

e-mail: linda@schechtergmc.com