

Release of Student Records/Information

Parents: Please fill out the in	nformation below and <mark>submit this form to your child's current</mark>
· ·	tional evaluator/therapist. They will forward the required
documents directly to us.	
school. No admission decisi	applicant below has expressed an interest in applying to our on has been made at this point and therefore the applicant om your school until you are otherwise informed.
Student name:	Entering grade:
Present school:	
Address:	
Please release all of the fol	lowing : 1) Complete, official transcript with school seal
	2) Report cards from the last two years for students entering Early Childhood-entering Grade 8
	3) Standardized test scores
	4) Psychological and/or educational evaluations
	5) Proof that family has satisfied financial obligations
	6) Permission to speak to school administrators,
	teachers, and/or school/personal
	psychologists/therapists charged with the student's care
Additionally, speak to:	Name:
, spour to	Profession:
	Phone:

I hereby grant permission for the release of my child's information, records and end of the year transcript to:

Hebrew Academy, Dean of Admission 2400 Pine Tree Drive, Miami Beach, FL 33140 (305) 532-6421 ext. 105 admission@rasg.org (official transcripts for high school entry cannot be sent via e-mail)

Signature