



# Release of School Records

60 Stein Circle 125 Wells Avenue Newton, MA 02459 617-630-4608

Please complete this form and submit it to your child's current school to authorize the release of school records.

I hereby give permission to my child's current school to release school records and related information to Solomon Schechter Day School.  
I also give permission to Solomon Schechter Day School to contact or visit my child's current school.

Parent Signature

Date

Child's Name

Present School

Address

Contact Person (teacher or administrator)

Contact Telephone

Contact Email

Dear School Administrator,

Thank you for sending records for the above student to us. Please include student assessments, evaluations, or reports covering the following areas:

1. Social/Emotional Measurements
2. Cognitive Growth
3. Communication/Language Skills
4. Motor Skills (both fine and gross)

If you have additional information to share, please include it or contact us at 617-630-4608.

All records should be sent to:

Admission Office  
Solomon Schechter Day School  
60 Stein Circle  
Newton, MA 02459

Please note our application deadline is February 1.