
FOR APPLICANTS FIRST THROUGH EIGHTH GRADE

TO THE PARENT:

As part of the process of becoming better informed about a prospective candidate and family, it is important for Sinai Akiba Academy to review information from the child's present school. Such records often contain confidential personal information concerning the child and the child's family. **PLEASE COMPLETE THE FORM BELOW AND GIVE IT TO YOUR CHILD'S PRESENT SCHOOL OFFICE.**

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	BIRTH DATE	CURRENT GRADE
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PARENT AUTHORIZATION AND SIGNATURE FOR RELEASE:

I hereby authorize release of the above named student's cumulative records, educational, psychological, social and/or medical information to Sinai Akiba Academy. I understand and agree that all information and evaluations released or exchanged may contain confidential information concerning my child and family, and that Sinai Akiba will not disclose this information to me. I hereby waive on behalf of my child and family all rights of access through Sinai Akiba to these materials and information.

SIGNATURE OF PARENT OR GUARDIAN	DATE
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TO THE SCHOOL:

The following records have been authorized for release to Sinai Akiba Academy. Please send the following information directly to the school as soon as possible.

- Student transcript or cumulative record card.
- Report cards (at least 2 or 3 years if applicable to child's grade) including a copy of this year's first semester or quarter report card.
- Standardized test scores if applicable to child's grade, and all other pertinent educational, social, medical and psychological information.

PLEASE SEND TO THE ADMISSIONS OFFICE NO LATER THAN JANUARY 15:

Admissions Director
Sinai Akiba Academy
10400 Wilshire Boulevard
Los Angeles, CA 90024

Thank you.