



SHALOH HOUSE JEWISH DAY SCHOOL

Record release request

I hereby authorize the release of complete school records, to include the following: grades and academic records, attendance records, achievement tests scores and/or all standardized intelligence and aptitude test scores, special education records (if applicable) and the cumulative health record for:

Student	Date of Birth
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Student	Academic Year
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From:

School Name	School Address
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City	State	Zip Code
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School Phone Number	Fax
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Please forward the records to:

Admissions Office
Shaloh House Jewish Day School
29 Chestnut Hill Avenue
Brighton, MA 02135

Phone: 617-787-2200

Fax: 617-787-4693

Signature of Parent/Guardian	Date
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