

with soul in mind

## TRANSCRIPT RELEASE FORM

To complete your child's application, please sign the release statement below so that we will receive an official copy of his/her school transcript. Take the signed form to the director, principal, or admission office of your child's current school. It is your responsibility to ensure that the school has sent us these records, including information for the current school year.

Applicant's Name Grade applying	
hereby authorize release of my child's school transcript and records to the Admission Office of t Milton Gottsman Jewish Day School of the Nation's Capital.	he
Parent or Guardian Signature Date	
To The School	
The student named above is applying for admission to Milton. Please send us this form with the following information:	
☐ Fall progress report for the current school year	
☐ Parent/Teacher conference notes for the current and previous school year	
☐ Progress report of two previous school years (if available)	
☐ Standardized test scores (if available)	
☐ Attendance record (please do not include medical and/or immunization recor	'ds)
Have all financial obligations been met?	

Please send the records along with this form to:
 Office of Admission
 Milton Gottesman Jewish Day School
 Kay and Robert Schattner Center
4715 16th Street, NW, Washington, DC 20011
 admission@MiltonGottesman.org

Signature of Administrator

Date