TARBUT V'TORAH
Community Day School
Love Learning. Live Values. Discover Heritage.

Parents – Please fill out the top portion of this form and return it to TVT.
TVT will forward this form upon enrollment.

REQUEST TO FORWARD SCHOOL RECORDS

NAME OF STUDENT_____GRADE_____

NAME OF SCHOOL _____

ADDRESS _____

CITY, STATE _____

My child _____ has applied for admission to Tarbut V'Torah Community Day School. I hereby give permission for his/her records to be transferred to the school and for subsequent information to be exchanged.

_____ _____
Parent/Guardian Signature *Date*

To Whom It May Concern:

The above named student has been admitted to Tarbut V'Torah Community Day School.

We would appreciate your forwarding all records including transcripts, immunization and medical records, psychological and special/support service records as soon as possible.

Thank you for your cooperation.

Sincerely,

Wendy Gold Leberman
Director of Admissions