

## TRANSCRIPT/RECORDS RELEASE FORM FOR STUDENTS ENTERING 1<sup>ST</sup> GRADE

- **PARENT:** *Please sign and submit this form to your child's current school.*

I authorize the administration of \_\_\_\_\_ school to release all academic and personal information on my son/daughter

\_\_\_\_\_ to Lubavitch Educational Center, Pre1A-1<sup>st</sup> Grade Administration Office. I understand that all material shared with the Elementary School Office is entirely confidential.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **PRINCIPAL/HEAD OF SCHOOL:** *Please fax, mail or email the following records to the address below:*

The records should include:

- Report cards available from current year
- IEP's and/or Resource Room Records, if applicable
- Completed Recommendation Form from Judaic Studies teacher
- Completed Recommendation Form from General Studies teacher

### PRE1A / 1<sup>ST</sup> GRADE

**Fax to:**

ATTN: Mrs. Tzivi Schurder

Fax #: (305) 653-6790

**Or Mail to:**

Lubavitch Educational Center

ATTN: Mrs. Tzivi Schurder

17330 Northwest 7<sup>th</sup> Avenue

Miami, FL 33169

**Or Email to:**

tschurder@lecfl.com