



# Request for School Records

**Kay and Robert Schattner Center**  
6045 16<sup>th</sup> St. NW, Washington, DC 20011  
Phone: 202-291-5737, ext. 103 Fax: 202-291-9750  
E-mail: admissions@jpds.org

**Parents: Please fill out and sign; give to your child's current school to return to us.**

Student's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

has applied to the Jewish Primary Day School of the Nation's Capital. I give permission to

\_\_\_\_\_  
(Name of School)

to release current academic records including any standardized test scores of my

child: \_\_\_\_\_, who is currently in

grade \_\_\_\_\_ to the Jewish Primary Day School of the Nation's Capital Admission

Office.

**Please send all records and test scores directly to:**

Office of Admission  
Jewish Primary Day School of the Nation's Capital  
Kay and Robert Schattner Center  
6045 16<sup>th</sup> Street, NW  
Washington, DC 20011

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date