



GIDEON HAUSNER JEWISH DAY SCHOOL

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JULIE SMITH, HEAD OF SCHOOL
MARLENE STURM, PRESIDENT

A BENEFICIARY OF THE JEWISH COMMUNITY FEDERATION

**Release of Student Records
Application to Grades 1 – 5**

To the Parent: Please complete the top portion of this form and give it to your child's current school.

Applicant's Name: _____
(last) (first) (middle)

Today's Date: _____ Applying for Grade: _____ Date of Birth: _____

I hereby authorize the release of the full and complete records (academic, health/medical, teacher evaluations) concerning my child to Gideon Hausner Jewish Day School. I understand that the above-named records are confidential and will be mailed directly to Gideon Hausner Jewish Day School.

Parent/Guardian Signature

To the Child's Current School: The above-named student has applied for admission to Gideon Hausner Jewish Day School. To assist us in determining if our program suits this student's educational needs, please submit the above-named records to us.

Please mail the records to the following address: Gideon Hausner Jewish Day School
450 San Antonio Road
Palo Alto, CA 94306

Attn: Director of Admission

Thank you for your assistance.
Should you have any questions, please do not hesitate to contact us.