



# EL PASO JEWISH ACADEMY

an oasis for learning

805 Cherry Hill Lane, El Paso, Texas 79912 (915) 833-0808 Fax (915) 833-0819

## REQUEST TO FORWARD SCHOOL RECORDS

**Parents: Please fill out the top portion of this form and return it to EPJA.**

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_

My child \_\_\_\_\_ has applied for admission to El Paso Jewish Academy. I hereby give permission for his/her records to be transferred to EPJA and for subsequent information to be exchanged.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

To Whom It May Concern:

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,

Ilisa Cappell  
Head of School