



Rabbi Moshe Margolese
Principal
Terri Rosen
President

Transcript and Record Release

Name of Applicant: _____ Applying to Grade: _____

Current/Previous School: _____

Address of Current/Previous School: _____

Current/Previous School Phone Number: _____ Fax Number: _____ Email: _____

Principal: _____

Please complete the attached Common Referral Form(s) and return to Ohr Chadash Academy Admissions Office along with the following information:

1. Report card for the current academic year
2. Final report card from the previous academic year
3. Standardized test scores
4. Any other pertinent information

If the applicant's family has not met their financial obligations to the current/previous school, please contact our office.

Please be assured that all information will be held in strict confidence. Your comments will help us to evaluate the applicant's qualifications for admission to our dual curriculum program. If you have any questions, please call our Director of Admissions, Becky Reeves, at 410-999-2200 or email admissions@ohrchadashbaltimore.org.

Thank you for your assistance.

Ohr Chadash Academy
Admissions Office

To Be Completed by Parent/Guardian:

I authorize Ohr Chadash Academy to obtain educational records and any other relevant material about the above named applicant's academic, social, and emotional development from the school she/he is currently attending. I authorize Ohr Chadash to visit and observe the applicant at her/his current school. I understand that this information will be considered confidential and will be used by the proper authorities of Ohr Chadash Academy for admission purpose only.

Parent/Guardian Signature: _____ Date: _____

Please return all information to: Director of Admissions (admissions@ohrchadashbaltimore.org)
Ohr Chadash Academy
7310 Park Heights Ave.
Baltimore, MD 21208
443-999-2200; 443-740-9233-Fax