



The Jack M. Barrack Hebrew Academy  
272 South Bryn Mawr Avenue  
Bryn Mawr  
Pennsylvania 19010  
610-922-2300 phone / 610-922-2301 fax  
www.jbha.org

## Request for Transcripts/School Records

(Parents: Complete and submit directly to the applicant's present school.)

I request that the school record of \_\_\_\_\_  
be forwarded to the Director of Admissions, Jack M. Barrack Hebrew Academy, 272 South  
Bryn Mawr Avenue, Bryn Mawr, Pennsylvania 19010, for the purpose of admission review  
and academic placement. Please include the following information:

1. Transcript of academic record, including courses taken and grades received
2. Results of standardized achievement and/or aptitude tests
3. Copies of evaluations or psychological reports
4. Copy of Health Records
5. Math Form
6. Two **confidential** teacher recommendation forms

I also authorize teachers to release information about my child which would identify  
apparent learning strengths or weaknesses and patterns of behavior.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Relationship to applicant

\_\_\_\_\_  
Date