



Atlanta Jewish Academy

Atlanta Jewish Academy Request for Transcripts and School Records

Please complete and submit to your child's current school. Please print in ink.

I request that the school record of: _____
be forwarded to Atlanta Jewish Academy, 5200 Northland Drive, Atlanta, GA 30342 or emailed to
sfisher@atljewishacademy.org.

Please include the following:

1. Transcript, including courses taken and grades received for the current year's 1st semester
2. Results of standardized achievement and/or aptitude tests
3. Discipline and Attendance Record
4. Psychological/Educational Evaluation and/or IEP if applicable
5. Birth Certificate
6. Immunization Report

I authorize teachers to release information that would help identify my child's learning strengths and weaknesses and behavior patterns.

Signature

Please Print Name

Atlanta Jewish Academy

5200 Northland Drive Atlanta, GA 30342

Phone: 404-843-9900 Fax: 404-252-0934

www.atljewishacademy.org

If you have any questions, please contact our Admissions Department at
678.298.5377 –sfisher@atljewishacademy.org