

TORAH DAY SCHOOL OF ATLANTA

Authorization of release of Educational Records for applicants to Grades 1-8

*To be filled out by parents and submitted to current school:
Please print or type the authorization below.*

STUDENT'S NAME _____
last first middle

NAME CHILD GOES BY _____

STUDENT'S BIRTH DATE _____ STUDENT'S CURRENT GRADE _____

APPLYING TO GRADE _____ for school year 20____

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consents to the release to the Atlanta Torah Day School of all educational records about the above-names individual who is applying to the Torah Day School including recommendations and such other information as may be requested.

Date _____

Parent's Name (Please type or Print)

Parent's Signature

TO BE FILLED OUT BY CHILD'S CURRENT TEACHER AND/OR ADMINISTRATOR

The Torah Day School of Atlanta has a dual language curriculum. With this in mind, we would appreciate your assistance in responding to our questions in a way which will assist us in making an appropriate evaluation.

**Please complete this form and return it along with achievement test results,
report cards, immunization forms and school records to:**

Admissions ● Torah Day School ● 1985 LaVista Road ● Atlanta GA 30329
Or email to lmorris@torahday.org

CURRENT SCHOOL _____

School Address _____
Street

City State Zip

Please check the areas listed below with the appropriate number going from 1 (the lowest/inadequate) to 5 (the highest/outstanding). Comment wherever necessary, particularly with ratings of 1 or 2.

CATEGORY	1	2	3	4	5	N/A	COMMENTS
Ability to concentrate							
Self control of physical/verbal activity							
Ability to adapt to change is daily schedule							
Ability to make transitions from activity to activity							
Demonstrates an even temperament							
Demonstrates organizational skills							
Demonstrates self motivation							
Nature of peer relationships							
Ability work independently							
Ability to work in a group							
Ability to cope with competitive situations							
Ability to cope with a dual curriculum							
Nature of student's relationship with teachers/authority							
Ability to read Hebrew print							
Ability to read Hebrew cursive							
Ability to write Hebrew cursive							

DO YOU HAVE ANY CAUSE FOR CONCERN IN ANY OF THE FOLLOWING AREAS (If yes, please comment)

I. AUDITORY	YES	NO	No Basis for Opinion	COMMENTS
Acuity				
Processing				
Discrimination				
II. SPOKEN LANGUAGE	YES	NO	No Basis for Opinion	COMMENTS
Articulation				
Oral Expression				
III. VISUAL SKILLS	YES	NO	No Basis for Opinion	COMMENTS
Acuity				
Perception				
Discrimination				

IV. Any other areas of concern? Please comment.

I have known this child ____ years ____ months. My relationship has been that of

Date _____

Name _____
Please print or type

Name _____
Signature