

# TORAH DAY SCHOOL OF ATLANTA

## Authorization of release of Educational Records for applicants to Grades 2-8

To be filled out by parents:  
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)*

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*Parent's Signature*

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TO BE FILLED OUT BY CHILD'S CURRENT TEACHER AND/OR ADMINISTRATOR  
The Torah Day School of Atlanta is a Hebrew Day School that 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

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 in 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*