

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)

Parent's Signature

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

The Torah Day School of Atlanta is a Jewish 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:

Torah Day School of Atlanta
1985 LaVista Road
Atlanta GA 30329

or

Email transcripts to lmorris@torahday.org

If you have any questions, please contact Leslee Morris at 404-982-0800 ext. 100

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)

| | No | Yes | Comments |
|-------------------------------|----|-----|----------|
| Academics- Limudei Kodesh | | | |
| Academics- General Studies | | | |
| Emotional | | | |
| Social | | | |
| Any other areas of concern? | | | |

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

Name _____
Please print or type

Name _____
Signature

Date _____