



DAVID POSNACK JEWISH DAY SCHOOL

PAUL AND MAGGIE FISCHER HIGH SCHOOL

SCHOOL RELEASE FORM

Student's Name _____ Applying for Grade _____

- In order for my child's application to be reviewed for consideration for acceptance to the David Posnack Jewish Day School (Posnack School), I authorize the release of my child's records.
- I further authorize a representative of Posnack School to observe my child in his/her current class if requested.
- I understand that all requested documents will be sent directly to Posnack School and are confidential.
- I release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to Posnack School for admissions purposes.

Name of Applicant _____ Applying for Grade _____

The undersigned authorizes the release of all educational, health, and psychological records for the above student.

Date _____

Parent Signature _____

If you need to contact David Posnack Jewish Day School, please call the Director of Admissions at 954-583-6100, x641 or info@posnackschool.org

POSNACK
S C H O O L

K-12 COLLEGE PREPARATORY SCHOOL

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