

HOCHBERG PREPARATORY

A David Posnack Jewish Day 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 Hochberg Preparatory School, a David Posnack Jewish Day School, I authorize the release of my child's records.
- I further authorize a representative of Hochberg Preparatory School, a David Posnack Jewish Day School, to observe my child in his/her current class if requested.
- I understand that all requested documents will be sent directly to Hochberg Preparatory School, a David Posnack Jewish Day 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 Hochberg Preparatory School, a David Posnack Jewish Day 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 Hochberg Preparatory School, a David Posnack Jewish Day School,
please call the Admissions Department at 305-933-6946, ext. 7825
or mtal@hochbergprep.com

POSNACK
S C H O O L

K-12 COLLEGE PREPARATORY SCHOOL

CEEBCode:101532

Main Campus (K-12)
5810 South Pine Island Road • Davie, Florida 33328
954-583-6100 ext. 641 • www.posnackschool.org

Hochberg Preparatory, a David Posnack Jewish Day School (K-5)
20350 Northeast 26th Avenue • Miami, Florida 33180
305-933-6946 ext. 7825 • www.hochbergprep.org