



PALM BEACH DAY ACADEMY

AUTHORIZATION FORM FOR THE RELEASE OF SCHOOL RECORDS & RECOMMENDATIONS

Parents: Please complete and sign this form and give to you child's current school.

Schools: Please return requested documents via email to:
Stephanie Filauro, Director of Admission at admission@pbdayschool.org.

Student Name: _____ **Present Grade:** _____

This authorizes you to release copies of my child's records to the Admission Office at Palm Beach Day Academy. Please include copies of report cards, the results of any standardized tests you may have administered, and other information / observations which you feel are appropriate.

DATE

PARENT OR GUARDIAN (PRINT)

SIGNATURE

ADDRESS

CITY, STATE, ZIP

TELEPHONE FAX

NONDISCRIMINATION POLICY

PALM BEACH DAY ACADEMY ADMITS STUDENTS OF ANY RACE, COLOR, RELIGIOUS AFFILIATION, NATIONAL AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES MADE AVAILABLE TO STUDENTS AT THE SCHOOL.

LOWER CAMPUS (PREK-2 - GRADE 3)
1901 SOUTH FLAGLER DRIVE, WEST PALM BEACH, FLORIDA 33401
PHONE 561-832-8815 FAX 561-832-3343

UPPER CAMPUS (GRADES 4 - 9)
241 SEAVIEW AVENUE, PALM BEACH, FLORIDA 33480
PHONE 561-655-1188 FAX 561-655-5794