



**PALM BEACH
DAY ACADEMY**

**AUTHORIZATION FORM FOR THE RELEASE OF
SCHOOL RECORDS & RECOMMENDATIONS**

ADMISSION OFFICE
1901 SOUTH FLAGLER DRIVE, WEST PALM BEACH, FLORIDA 33401
PHONE 561-832-8815 FAX 561-832-3343

www.pbday.org

This form should be returned to the Admission Office at the address above.

Student: _____ **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
	_____ ADDRESS
	_____ 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
1901 SOUTH FLAGLER DRIVE, WEST PALM BEACH, FLORIDA 33401
PHONE 561-832-8815 FAX 561-832-3343

UPPER CAMPUS
241 SEAVIEW AVENUE, PALM BEACH, FLORIDA 33480
PHONE 561-655-1188 FAX 561-655-5794