



# SCHOOL RECORDS RELEASE FORM

**This form must be completed for applicants entering Grades 1 – 8. Please print and complete this release form and give it to your child’s current school, along with the blank Principal Evaluation Form.**

In order for my child’s application to be reviewed in consideration for admittance to Politz Day School of Cherry Hill (PDS), I authorize the release of my child’s school records. These records may include academic reports, grades, standardized test results, and any other pertinent information that is part of my child’s school file. I understand that all requested documents will be sent directly to PDS and will remain confidential. I also grant permission for PDS administrators and/or school counselors to speak directly with the current school’s administrators and mental health professionals. 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 PDS for admissions purposes.

Applicant’s Name: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Applying to Politz Day School of Cherry Hill for admission to Grade \_\_\_\_ for the 20 \_\_\_\_ - 20 \_\_\_\_ school year.

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

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Please contact the Politz Day School Admissions Office at  
856-667-1013 or [admissions@politz.org](mailto:admissions@politz.org) with any questions.**



# PRINCIPAL EVALUATION FORM

THIS FORM IS REQUIRED FOR ALL APPLICANTS ENTERING GRADES 1 – 8.

**TO THE PRINCIPAL OR SCHOOL COUNSELOR:** The student named below is applying for admission to Politz Day School of Cherry Hill. Please complete this form with your candid, confidential assessment of the student's academic performance, intellectual potential and personal qualities. Please send the completed form, along with the student's most recent report card, directly to Politz. Your assessment will become part of our confidential files and will be accessed only by those involved in our admissions decision process. At no time will the applicant or their family have access to it. Thank you.

---

Student's Full Name \_\_\_\_\_ Name of School \_\_\_\_\_

---

Name of Principal / Head of School \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please check one statement that applies:

- The student has a psychoeducational evaluation on file.
- I recommend a psychoeducational evaluation to help the student succeed academically and/or socially.
- The student does not need a psychoeducational evaluation at this time.

1. The student has attended my school for \_\_\_\_\_ years, beginning \_\_\_\_\_.

2. How long have you been acquainted with the student? \_\_\_\_\_.

3. Please describe any personal and/or academic support (tutoring, counseling, medical, etc.) the student has received in your school. \_\_\_\_\_

\_\_\_\_\_

4. Has the student distinguished himself/herself in any way (academically, athletically, etc.)? \_\_\_\_\_

\_\_\_\_\_

5. Please advise us of any special circumstances (illness, home situation, etc.) that may have affected the student's performance in the past year. \_\_\_\_\_

\_\_\_\_\_

**All forms should be sent to:**

**POLITZ DAY SCHOOL OFFICE OF ADMISSIONS**  
**720 COOPER LANDING ROAD · CHERRY HILL, NJ 08002**  
**WWW.POLITZ.ORG · OFFICE@POLITZ.ORG**  
**856-667-1013 PHONE · 856-667-2010 FAX**