



Hillel Day School of Boca Raton

21011 95th Avenue South

Boca Raton, FL 33428

Phone: (561) 470-5000

Fax: (561) 470-5005

AUTHORIZATION FORM, 2011-2012

PLEASE COMPLETE ONE FORM FOR ALL CHILDREN IN GRADES 1 – 8.

Please check “grant” or “deny” where appropriate.

THIS FORM MUST BE RETURNED BY THE FIRST DAY OF SCHOOL.

PHOTO AUTHORIZATION

With this notice, I hereby authorize Hillel Day School of Boca Raton to use my child’s photograph for press releases and publications during the 2011-2012 school year.

Please print:

Please check one:

Child’s Name: _____ Grade: _____ Grant ___ Deny ___

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Child’s Name: _____ Grade: _____ Grant ___ Deny ___

Child’s Name: _____ Grade: _____ Grant ___ Deny ___

FIELD TRIP AUTHORIZATION

With this notice, I hereby authorize my child to travel on any school-related field trip as a member of the Hillel Day School of Boca Raton during the 2011-2012 school year.

Please print:

Please check one:

Child’s Name: _____ Grade: _____ Grant ___ Deny ___

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Child’s Name: _____ Grade: _____ Grant ___ Deny ___

Child’s Name: _____ Grade: _____ Grant ___ Deny ___

Child’s Name: _____ Grade: _____ Grant ___ Deny ___

Signature of Parent

Date