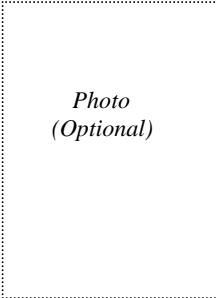


APPLICATION FOR ADMISSION – Grades 2-8

Complete one application for every new student.



Applicant's Name _____ Male Female

Applicant's Hebrew Name _____

Candidate for Grade _____ in September 20__ Age _____ Date of Birth _____

For Nursery students ONLY, please check one: 5 day program 3 day program

Place of Birth _____ If not U.S., Date of Arrival _____

Home Address (Street) _____

(Town) _____ (State) _____ (Zip) _____

Home Phone (_____) _____ Family E-mail (optional) _____

Parent/Guardian's Name(s) _____

Marital Status of Parent/Guardian

Married Separated Divorced/Date _____

Applicant lives with _____ Relationship to Applicant _____

Name & Address/Phone (if different from parent) _____

<u>Names of Other Children in Family</u>	<u>Date of Birth</u>	<u>Present School and Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

As a Conservative Jewish Day School, affiliated with the national Solomon Schechter Day School Association, Solomon Schechter Day School of Greater Monmouth County admits only Jewish children as defined by Conservative Jewish law. This means children born of a Jewish mother (one who is Jewish by birth or by conversion), or a child who has undergone conversion. In either of these cases, please submit a copy of the conversion certificate.

Mother is Jewish Yes By Birth By Conversion No

Father is Jewish Yes By Birth By Conversion No

Child, _____, is Jewish Yes By Birth By Conversion No
Name

Synagogue Affiliation _____ Town _____

I/we wish to receive information about the *SSDS Tuition Assistance Program*, based on family need. Yes No

Note: Tuition Assistance applies to students **entering grades 1 – 8 only.**

REMINDER: PLEASE COMPLETE BOTH SIDES AND RETURN APPLICATION WITH A COPY OF THE APPLICANT'S BIRTH CERTIFICATE & DEPOSIT FEE, BASED ON ENCLOSED DEPOSIT SCHEDULE.

The information requested on this application will be held in strict confidence.

**SOLOMON SCHECHTER DAY SCHOOL OF GREATER MONMOUTH COUNTY
APPLICATION FOR ADMISSION**

EDUCATIONAL INFORMATION

Present School _____ Present Grade _____

School Principal _____ Current Teacher _____

School Phone (____) _____ School Fax (____) _____

School Address (Street) _____

(Town) _____ (State) _____ (Zip) _____

OTHER SCHOOLS ATTENDED BY THE APPLICANT:

NAME OF SCHOOL ADDRESS GRADES & DATES

MEDICAL INFORMATION/SPECIAL CONDITIONS

Any and all information that helps create a more complete profile of your child is beneficial in understanding your child's learning and social needs. Therefore, we require access to such information in order to consider this application complete.

Indicate if your child has ever been evaluated by a:

Child Study Team	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical/occupational therapist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech/language therapist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learning specialist or psychologist	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please describe any services that are ongoing and submit all reports: _____

Are there any special issues in your child's history of which the school should be aware (medical/allergy concerns, physical or emotional development, family life, custodial arrangements, etc.)?

By signing this Application for Admission, I/we hereby certify that the information herein is true and reliable. We understand that if any information has been withheld or falsified, SSDS reserves the right to deny admission or discontinue serving my/our child. If accepted, I/we agree to abide by school policies.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Application information will be held in strict confidence.

