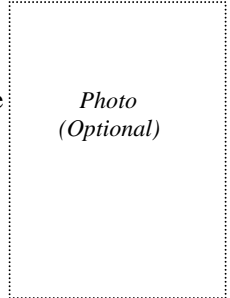


# APPLICATION FOR ADMISSION – Nursery – Grade 1

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) \_\_\_\_\_

Names of Other Children in Family      Date of Birth      Present School and Grade

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 \_\_\_\_\_

**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

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**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: \_\_\_\_\_

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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.)?

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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.*