

Optional: Please attach a recent photo of your child.

APPLICATION FOR ADMISSION

Today's Date _____ Application for School Year: _____ Applying for Grade: _____

Applicant:

First Name Middle Name Last Name Hebrew Name

Gender Birth Date (mm/dd/yy) Birth Place

Primary Home Address

City State Zip Code Home Phone

Applicant lives with: Both Parents Mother Father Other (please describe) _____

Language(s) spoken at home: _____

Person(s) Responsible for Student:

Title	First Name	Last Name
Relationship to Applicant		
Address		
City	State	Zip Code
Home Phone	Email	
Occupation / Employer		
Work Phone	Cell Phone	
Religious background and affiliation		
Level of Secular Education	Level of Jewish Education (if applicable)	

Title	First Name	Last Name
Relationship to Applicant		
Address		
City	State	Zip Code
Home Phone	Email	
Occupation / Employer		
Work Phone	Cell Phone	
Religious background and affiliation		
Level of Secular Education	Level of Jewish Education (if applicable)	

All school mailings will be sent to both parents/guardians unless JCDS has legal documentation otherwise.

Applicant's Siblings:

Name	Date of Birth	School
Name	Date of Birth	School
Name	Date of Birth	School

Applicant's School Information (schools attended for the past 2 years; list most recent first)

Name of School	Address	Dates Attended
Name of School	Address	Dates Attended

We look forward to getting to know your child and your family. Please answer the following questions (if necessary, continue your answers on a separate piece of paper):

Tell us a about your child

Why do you want your child to attend JCDSRI?

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

How did you learn about the Jewish Community Day School of RI? _____

Will you be applying for financial aid? _____ Yes _____ No
(Need for financial assistance does not affect admissions decisions.)

Signatures:

Parent/Guardian

Parent/Guardian

Please sign and return this application together with your non-refundable \$50 Application Fee to the Jewish Community Day School of RI.

For Office Use Only: Application received: _____ Payment enclosed _____ Yes _____ No