

Please attach a recent photo of your child.

APPLICATION FOR ADMISSION

Date _____ Application for School Year: _____ Applying for Grade: _____

Applicant:

First Name	Middle Name	Last Name	Hebrew Name
Gender	Birth Date (dd/mm/yy)	Birth Place	
Home Address		Email	Cell Phone
Home City	State	Zip Code	Home Phone

Applicant lives with: Both Parents Mother Father Other _____

Language(s) spoken at home: _____

Person(s) Responsible for Student:

Parent/Guardian			
Title	First Name	Last Name	Hebrew Name
Address			
City	State	Zip Code	
Phone	Email		
Occupation	Employer		
Work Address		Work Phone	
Work City	State	Zip Code	
Synagogue Affiliation (if applicable)			
Level of Secular Education		Level of Jewish Education (if applicable)	

Parent/Guardian			
Title	First Name	Last Name	Hebrew Name
Address			
City	State	Zip Code	
Phone	Email		
Occupation	Employer		
Work Address		Work Phone	
Work City	State	Zip Code	
Synagogue Affiliation (if applicable)			
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.

Siblings:

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

Grandparents:

Name	Address
Name	Address
Name	Address
Name	Address

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

Questions:

Why do you want your child to attend JCDS? _____

What descriptive adjectives represent your child? _____

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

Please check any special circumstances that you feel will help us to better meet your child's needs:

- Illness
- Frequent Moves or Changes of School
- Family Illness
- Skipping a Grade
- Separation/loss of a significant person in the family
- Repeating a Grade
- Learning Difference

If any of the above circumstances have been checked, please explain.

Has your child received any educational testing or counseling? _____ Yes _____ No
If you have any standardized or independent testing, core evaluation, psychological evaluation or other assessment information about your child, please submit a copy with this application.

Please list any allergies (environmental and food) that your child has and include any reactions experienced from this allergic reaction.

Your child's application is complete when the following has been received by the JCDS Admissions Office:

- Completed application
- \$50 application fee
- Copies of evaluations, if applicable
- Former school records, including current teacher evaluation form

Signatures:

Parent/Guardian

Parent/Guardian

For Office Use Only:

Completed application received: _____ Payment enclosed _____ Yes _____ No

Partial application received: _____

F/A _____ Yes _____ No