

# APPLICATION

**AGE REQUIREMENTS:**

For Pre-K - must be 4 by October 31

For K - must be 5 by October 31

APPLICANT'S NAME: \_\_\_\_\_

HEBREW NAME: \_\_\_\_\_

ENTERING GRADE: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

## STUDENT INFORMATION

**PLEASE PRINT CLEARLY.**

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

GENDER:  M  F

STUDENT RESIDES WITH:  BOTH PARENTS  MOTHER  FATHER  OTHER \_\_\_\_\_

To whom should correspondence besent?  MOTHER  FATHER  BOTH  OTHER \_\_\_\_\_

**Please attach custody agreement to this form if applicable.**

## SCHOOL HISTORY

SCHOOL DISTRICT IN WHICH STUDENT RESIDES: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ GRADES: \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ GRADES: \_\_\_\_\_

## PARENT AND FAMILY INFORMATION

PARENT/GUARDIAN: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

BUS. ADDRESS: \_\_\_\_\_

BUS. ADDRESS: \_\_\_\_\_

BUS. PHONE: \_\_\_\_\_

BUS. PHONE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please provide any additional information that might be helpful.

**JEWISH IDENTITY**

We are a Community Day School and welcome all families who wish to provide a Jewish education for their child/ren. *At least one parent must be Jewish.*

PLEASE CHECK ALL THAT APPLY:

- Child has at least one Jewish parent
- Child is being raised in the Jewish tradition

Which of the following best describes your connection to Judaism/Jewish practice?

- Chabad     Conservative     Orthodox     Reconstructionist     Reform
- Unaffiliated     Zionist     Other: \_\_\_\_\_

Are you affiliated with a synagogue in the Lehigh Valley?     YES     NO

If YES, please list your affiliation(s) here:

\_\_\_\_\_

**HOW DID YOU HEAR ABOUT THE JDS?**

- I attended the JDS
- Another child of mine attended the school
- Mailing     Hakol     Facebook
- Website     Friend     E-Mail
- Other \_\_\_\_\_

**APPLICATION FEE:**  
 \$250 non-refundable application fee must be submitted with this application to cover processing and student readiness assessment.

\_\_\_\_\_  
 PARENT 1 SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PARENT 2 SIGNATURE

\_\_\_\_\_  
 DATE

**OFFICE USE ONLY**

Deposit Received on \_\_\_\_\_ Check #: \_\_\_\_\_ Student Assessment Scheduled on: \_\_\_\_\_