JEWISH DAY SCHOOL

RESPECT. RESPONSIBILITY. EFFORT. KINDNESS.

2313 Pennsylvania Street, Allentown , PA 18104 | 610-437-0721 | JDSLV.org

Alvin H. Goren
Head of School

Carolyn Katwan
Director of Admissions

Paul Charlton
Business Manager

APPLICANT'S NAME: _____

APPLICATION

HEBREW NAME: _____

AGE REQUIREMENTS:
For PreK - must be 4 by October 31
For K - must be 5 by October 31

ENTERING GRADE in 2015-2016: _____

APPLICATION DATE: _____

STUDENT INFORMATION

PLEASE PRINT CLEARLY.

GENDER: ☐ M ☐ F

_____
DATE OF BIRTH

_____
PLACE OF BIRTH

STUDENT RESIDES WITH: ☐ BOTH PARENTS   ☐ MOTHER   ☐ FATHER   ☐ OTHER _____

To whom should correspondence be sent? ☐ 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: _____

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RESPONSIBILITY.
EFFORT.
KINDNESS.

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: _____

APP REV 012015