

APPLICATION FOR ADMISSION

(This form may be completed and submitted online at www.shds.org)

*Please fill out 1 form per child if requesting admission for multiple students in the same family

Child's Name:			
	(Last)	(First)	(Middle)
Hebrew Names:			
riesi ew raines.	(Child)	(Father)	(Mother)
Address:			
	(Street)	(City)	(Zip)
Home Telephone:	S	chool District:	
Child's Date of Birt	h:	Child's Grade level as of S	September 2018:
Father's Name:		Occupation:	
Father's Cell:		Father's Work No:	
Father's email:			
Mother's Name:		Occupation:	
Mother's Cell:		Mother's Work No:	
Mother's email:		Memor C Well Was	
Level of Jewish Ed	lucation: F(father) M(mothe	er) Mark F or M	
Day School:	Afternoon School:	Conversion Class:	Other/None:
Siblings:			
_	Į	Date of Birth:	
	Date of Birth:		
	Date of Birth:		
C 456	21: - 1: /:£ /.		
Congregational Att	iliation (it any):		
T would like	to apply for tuition reduction	n. I will access the FACTS webs	site at www factsmat com/aid
	plication by April 16 th in orde		······································
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		TO BE CREDITED TOWARD	
Date		Parent's Signature	
			(OVED)

ABOUT YOUR CHILD

Please tell us about your child, including any information that will assist us in better understanding him/her.
Does your child have any special health/dietary needs or restrictions?
Has your child undergone an educational or psychological evaluation by either a school district or private specialist? (If yes, please elaborate and attach a copy of the report to this application)
Would you like us to help you obtain additional services to help your child thrive in our classroom environment? If yes, please explain.
Does your child speak languages besides English?
What is the primary language spoken at home?
What other school(s) has your child attended?