

TODAY'S DATE: _____

STUDENT INFORMATION

STUDENT'S LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ GRADE APPLYING TO: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL: _____

COUNTRY OF BIRTH: _____ LANGUAGE(S) SPOKEN AT HOME: _____

Please affix
a recent
photo here

PRESENT SCHOOL INFORMATION

NAME OF SCHOOL: _____

PRINCIPAL: _____ REBBE: _____

PHONE#: _____ E-MAIL: _____

FAX#: _____ ATTENDED ABOVE SCHOOL SINCE GRADE _____

PREVIOUS SCHOOLS ATTENDED

<u>NAME OF SCHOOL</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>DATES ATTENDED</u>

PERSONAL REFERENCE:

NAME _____

POSITION _____ PHONE# _____

ACADEMIC REFERENCE:

NAME _____

POSITION _____ PHONE# _____

PARENT INFORMATION

FATHER'S TITLE: MR. DR. RABBI (Circle One)	MOTHER'S TITLE: MRS. MS. DR. (Circle One)
FATHER'S NAME: _____	MOTHER'S NAME: _____
FATHER'S OCCUPATION: _____	MOTHER'S OCCUPATION: _____
FATHER'S EMPLOYER: _____	MOTHER'S EMPLOYER: _____
FATHER'S WORK# _____	MOTHER'S WORK# _____
FATHER'S CELL# _____	MOTHER'S CELL# _____
FATHER'S E-MAIL: _____	MOTHER'S E-MAIL: _____
SHUL AFFILIATION: _____	PARENTS ARE: ___ Married ___ Separated ___ Divorced

Please fill if applicable.
Custodial Parent(s)* _____

Mother is: ___ Deceased ___ Remarried Stepfather's Name _____

Father is: ___ Deceased ___ Remarried Stepmother's Name _____

Child lives with _____ Relationship _____

Child is adopted Y/N ___ Child is aware/unaware _____

***DOCUMENTATION REQUIRED (ALL PAPERWORK WILL REMAIN CONFIDENTIAL.)**

HAS YOUR CHILD RECEIVED ANY OF THE FOLLOWING (EITHER PRIVATELY OR IN SCHOOL) WITHIN THE PAST TWO YEARS?

CHECK ALL THAT APPLY: SPEECH THERAPY OCCUPATIONAL THERAPY PHYSICAL THERAPY
 PSYCHOLOGICAL SERVICES SPECIAL EDUCATION INTERVENTION EDUCATIONAL OR PSYCHOLOGICAL EVALUATION

INDICATE IF YOUR CHILD IS TAKING ANY MEDICATION ON A REGULAR BASIS. PLEASE LIST AND EXPLAIN:

(Medication)	(Reason)
(Medication)	(Reason)
(Medication)	(Reason)

BY SIGNING BELOW, I INDICATE MY AUTHORIZATION TO HAVE THE PRINCIPAL EXAMINE MY CHILD'S RECORDS FROM THE PREVIOUS PRINCIPAL AND FACULTY TO HELP DETERMINE ACCEPTANCE AND PLACEMENT.

Parent Signature	Date
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