



Learning & Values for Life

Application for Enrollment

60 Stein Circle
125 Wells Avenue
Newton, MA 02459
617.964.7765

Entering Grade _____

Entering Year _____

For office use only
Date Rec'd. _____
Check _____

Applicant Information

Last Name First Middle Hebrew

Street Address City State Zip Phone

Date of Birth Sex

Applicant lives with: Who has financial responsibility for the applicant?

Address (if different from parents)

Do you or does your child speak any language other than English? (If yes, please list.)

What is the primary language spoken at home?

Family Information

Parent/Guardian 1

Mr. Mrs. Ms. Dr. Rabbi Other

Full Name Relationship to Applicant

Home Address (if different from student)

City State Zip

Home Telephone Email

Occupation Title

Employer's Name

Work Address

City State Zip

Work Telephone

Marital Status Religion

Synagogue Affiliation

Parent/Guardian 2

Mr. Mrs. Ms. Dr. Rabbi Other

Full Name Relationship to Applicant

Home Address (if different from student)

City State Zip

Home Telephone Email

Occupation Title

Employer's Name

Work Address

City State Zip

Work Telephone

Marital Status Religion

Synagogue Affiliation

Parent/Guardian 3

Mr. Mrs. Ms. Dr. Rabbi Other

Full Name Relationship to Applicant

Home Address (if different from student)

City State Zip

Home Telephone Email

Occupation Title

Employer's Name

Work Address

City State Zip

Work Telephone

Marital Status Religion

Synagogue Affiliation

Parent/Guardian 4

Mr. Mrs. Ms. Dr. Rabbi Other

Full Name Relationship to Applicant

Home Address (if different from student)

City State Zip

Home Telephone Email

Occupation Title

Employer's Name

Work Address

City State Zip

Work Telephone

Marital Status Religion

Synagogue Affiliation

Schools Attended by Applicant (Include day care and preschool)

Current School Dates Attended Address Phone

Previous School Dates Attended Address Phone

Siblings

Name Date of Birth School Grade

Name Date of Birth School Grade

Name Date of Birth School Grade

Grandparents

Name(s) Address

Name(s) Address

Alumni Relatives

Name Class

Name Class

Please help us learn more about your child and your family. If necessary, continue your answers on a separate piece of paper.

What are some of your child's strengths, interests, special talents, and challenges?

Describe the role Judaism plays in the life of your child and in the life of your family.

Are there any special issues in your child's history of which the school should be aware (medical concerns, allergies, physical or emotional development, family life, custodial arrangements, etc.)?

Schechter benefits greatly from the interest and expertise of parents in many aspects of school life. In what ways might you like to be involved with the school?

Solomon Schechter Day School does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission, financial aid program, athletic, and other school-administered programs.

As a Conservative Jewish Day School affiliated with the national Solomon Schechter Day School Association, Solomon Schechter Day School of Greater Boston admits only Jewish children as defined by Conservative Jewish law: children born of a Jewish mother (by birth or conversion) or children who have undergone conversion. If there is a question regarding the Jewish status of your child, please make an appointment to speak with the school Rabbi.

If the child was born of a mother who was not Jewish, or if the child was adopted, please provide the following information about the child's conversion:

Date of conversion

Place of conversion

Officiating Rabbi

If the mother was converted before the child's birth, please provide the following information:

Date of conversion

Place of conversion

Officiating Rabbi

To help us better understand our families, we invite fathers as well as mothers who have chosen Judaism to share the following optional information:

Date of conversion

Place of conversion

Officiating Rabbi

How did you first learn about Solomon Schechter Day School?

Personal Referral

Name

Connection to Solomon Schechter

Sibling Attends

Preschool

Open House

Parent is an alumnus/alumna

Newspaper (please specify)

School Fair

Synagogue

Website

Please sign and return this application with a \$100.00 non-refundable application fee (make check payable to Solomon Schechter Day School). The fee covers the cost of processing the application; applications will not be processed unless accompanied by this fee.

I/we hereby apply for admission for my/our child to Solomon Schechter Day School of Greater Boston. The information presented in this application is accurate, complete, and honestly presented. To the best of my knowledge, any information submitted on my child's behalf is authentic. Any intentionally inaccurate information or misleading information will, if discovered at a later date, be cause for rescission of any offer of admission or dismissal from the school.

Parent Signature

Date

Parent Signature

Date