



## Application for Admission

### Student Information:

Date: \_\_\_\_\_ Application for Grade: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

Home Address: \_\_\_\_\_

Present School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Present School Address: \_\_\_\_\_

Has your child ever been tested or diagnosed with a learning disability? \_\_\_\_\_

If yes please include IEP, Psychological Report, 504 plans or Physician's Report if applicable.

Any concerns to share? Please indicate. \_\_\_\_\_

Interests, hobbies, extracurricular activities: \_\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_

If you are not affiliated, would you like to receive information about our sponsoring synagogues? \_\_\_\_\_

The Alpert Family Aleph Bet Jewish Day School does not discriminate on the basis of race, religion, gender, handicap, or nation of origin in the acceptance of students or the employment of staff.



**Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Student resides with:  Both parents  Mother only  Father only  
 Guardian  Other \_\_\_\_\_

**Sibling Information:**

Name	Age	Current School	Current Grade
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about the Alpert Family Aleph Bet Jewish Day School? \_\_\_\_\_

Please return this form, along with a non-refundable \$100 Application Fee.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

