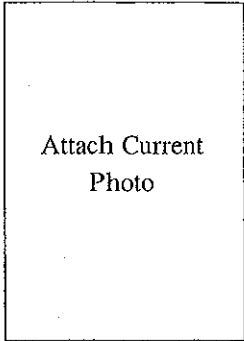




Application for Admission

Kay and Robert Schattner Center
6045 16th St. NW, Washington, DC 20011
Phone: 202-291-5737 (JPDS), ext. 103 Fax: 202-291-9750
E-mail: admissions@jpds.org



Academic Year 20____-20____

Present Grade _____ Grade Applying for _____

Student's Full Name _____ Preferred Name _____

Hebrew Name _____

Languages Spoken at Home _____

Date of Birth _____ Gender: (Check one) Male Female

Home Address

Street

City State Zip

Home Telephone _____

Parent/Guardian Information I: This parent/guardian has legal custody for this student

Full Name _____
(Please indicate Mr., Mrs., Ms., Dr., Rabbi, etc.)

Street (if different from above) City, State, Zip Code

Home Phone _____

Occupation/Job Title _____ Employer/Type of Business _____

Employment _____

Cell Phone _____ Work Phone _____

E-mail Address _____

College/Degree _____

Areas of Specialization _____

Parent/Guardian Information II This Parent/Guardian has legal custody for this student

Full Name _____
(Please indicate Mr., Mrs., Ms., Dr., Rabbi, etc.)

Street (If different from above) _____

City, State, Zip Code _____

Home Phone _____

Occupation/Job Title _____ Employer/Type of Business _____

Employment Address _____

Cell Phone _____ Work Phone _____

E-mail Address _____

College/Degree _____

Areas of Specialization _____

Correspondence Information

The Admission Office should call this number during the application process: (please check all that apply)

Home; Mother at Work; Father at Work; Mother Cell; Father Cell; Other _____

Admission Office correspondence should be sent to: (please check all that apply)

Parent/Guardian I; Parent/Guardian II; Other (please provide) _____

Family Information

Please check all that apply: Parents are married and living together; Parents are divorced; Parents are separated; Single parent; Mother deceased; Father deceased; Other (please explain) _____

Mother is remarried

Father is remarried

Stepfather's Name _____

Stepmother's Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Occupation/Job Title _____

Occupation/Job Title _____

Place of Employment _____

Place of Employment _____

Work/Daytime Phone _____

Work/Daytime Phone _____

Siblings/Relatives who have previously attended JPDS?

_____ Name _____ Years Attended _____

Sibling Information

Name	Date of Birth	School	Grade	Applying to JPDS?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Synagogue Affiliation _____

School Information

Name of Student's Present School _____

School Address _____

School Phone Number _____

Enrolled Since _____ Grades Attended _____ to _____

Schools Previously Attended (Include Religious Schools)

Name	Grades Attended	Years Attended
_____	_____	_____

How did you learn about JPDS? Friend; Pre-School Director or Teacher; Rabbi;
 Newspaper Ad; Internet; Other _____

Would you like to receive information about financial aid? Yes No

Applicant Information

Has applicant applied to JPDS before? If yes, when? _____

Please answer the following questions as an introduction to your child. You may attach a separate sheet if needed.

1. What is your child's attitude toward school?
2. What kinds of activities does your child enjoy?
3. What are the qualities you most appreciate about your child?

4. What are some areas in which support and/or enrichment may be needed for your child?
5. What qualities about JPDS make you believe that it would be a good place for your child?
6. Please let us know of any pertinent medical, psychological or emotional issues that may require special attention or limit participation in school activities? Please indicate how you and/or your current school have provided support to the applicant?
7. Has your child had any form of educational or psychological testing, occupational therapy, developmental vision or speech screenings during the past two years? Yes No

If yes, please include a copy of the results or reports.

Please list services your child receives currently and/or received in the past two years.

Type of Provider

Name of Specialist

Dates of Service

8. Is there any additional information about your child that you feel would be important for us to know? If yes, please explain.

How would you describe applicant's racial/ethnic background? (optional)

- African/African American/Black Asian/Asian American/Pacific Islander
- Caucasian/White Hispanic/Latina Middle Eastern Native American
- Multi-Racial (please specify) _____ Other (please specify) _____

By signing below, I certify that the information in this application is true, accurate and complete. I authorize the Jewish Primary Day School of the Nation's Capital to pursue any information that it believes is relevant to this application process. This includes, but is not limited to, information obtained from my child's present and previous schools, educators, consultants, medical providers and other specialists that may have knowledge useful to the admission process. I understand that false, incomplete, omitted or misleading information given in this application or during the application process may result in a refusal to admit my child or dismissal of my child from JPDS-NC in the event of admission.

Parent/Guardian Signature

Date

Please return this form directly to: JPDS-NC Admission Office, Kay and Robert Schattner Center, 6045 16th Street, NW, Washington, DC 20011 along with a \$70 application fee and an \$80 screening fee.