



SOLOMON SCHECHTER DAY SCHOOL OF NASSAU COUNTY

APPLICATION FOR ADMISSION FOR ELEMENTARY SCHOOL

Please complete a separate Application for Admission for each child.

Please return this completed Application for Admission along with a non-refundable \$100 application processing fee to:

Adele Spickler, Director of Admissions
Solomon Schechter Day School of Nassau County
Barbara Lane
Jericho, New York 11753

Please attach a copy of your child's Birth Certificate

PLEASE PRINT

Child's Name _____ Date of Birth _____ M F

Grade Entering _____ September _____

Family Name _____

Address _____

Attach a recent photo of your child here

Home Phone _____ E-Mail _____

Child's Social Security Number _____ Hebrew Name _____

Name of Parent/Guardian (1) _____ Hebrew Name _____

Cell Phone Parent/Guardian (1) _____ Business/Profession _____

Business Phone _____

Business Address _____

Name of Parent/Guardian (2) _____ Hebrew Name _____

Cell Phone Parent/Gurardian (2) _____ Business/Profession _____

Business Phone _____

Business Address _____

Over Please

Name of Siblings	Date of Birth	Current School
1.		
2.		
3.		

Parents are:

Married
 Separated
 Divorced
 Father Deceased
 Mother Deceased
 Single Parent

Child lives with:

Both Parents
 Mother
 Father
 Other (Name & Relationship)

Is child Jewish according to the standards of the Conservative Movement?

Yes
 No (If no, please explain) _____

Name and Address to which bills are to be sent:

To whom should school report cards and mailings be sent?

Both Parents
 Mother Only
 Father Only
 Other (Please indicate person) _____

Public School District in Which You Reside

Primary Language Spoken at Home

Synagogue Membership

Name and Address of School Child Currently Attends

Principal's Name

Name of Teacher(s) (First & Last)

I give my permission to Solomon Schechter Day School of Nassau County to mail an evaluation to the school my child presently attends and, when necessary, to speak to the school personnel.

Parent's Signature

Adele Spickler
Director of Admissions
 516-656-5500 Ext. 1228
 aspickler@ssdsnassau.org