

**YOUR CHILD DESERVES THE BEST OF BOTH WORLDS**



# Solomon Schechter High School of Long Island

**ADMISSION APPLICATION**  
**GRADES 9-12**



A member of the  
**Schechter**  
DAY SCHOOL NETWORK  
*Engage the World*





## **Mission Statement**

The Solomon Schechter Day School of Nassau County is a Jewish Day School committed to providing a dual curriculum of excellence in Judaic and secular education in a caring and supportive atmosphere. We emphasize Limud (study of Torah), Mitzvot (Jewish Observance), Gemilut Chasidim (Deeds of Kindness), and Tefilah (Worship of God). As a K-12 school affiliated with the Conservative Movement, we seek the integration of Judaism and American culture in the lives of our children. We are deeply committed to enhancing the full intellectual and spiritual potential of each child regardless of gender. We are dedicated to the full development of our students through an enriched, comprehensive, and innovative secular and Judaic Studies program, including academic studies, the creative arts, and physical education.

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## Parent/Guardian 1 Information

Rabbi/Cantor/Dr./Mr./Mrs./Ms. \_\_\_\_\_  
Last First Middle Hebrew

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

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

E-mail: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer/Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

### General Education (List Schools)

### Jewish Education (List Schools)

Elementary: \_\_\_\_\_ Elementary: \_\_\_\_\_

Middle School: \_\_\_\_\_ Middle School: \_\_\_\_\_

High School: \_\_\_\_\_ High School: \_\_\_\_\_

College: \_\_\_\_\_ College: \_\_\_\_\_

Graduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

## Parent/Guardian 2 Information

Rabbi/Cantor/Dr./Mr./Mrs./Ms. \_\_\_\_\_  
Last First Middle Hebrew

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

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

E-mail: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer/Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

### General Education (List Schools)

### Jewish Education (List Schools)

Elementary: \_\_\_\_\_ Elementary: \_\_\_\_\_

Middle School: \_\_\_\_\_ Middle School: \_\_\_\_\_

High School: \_\_\_\_\_ High School: \_\_\_\_\_

College: \_\_\_\_\_ College: \_\_\_\_\_

Graduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

## Parents are:

- Married    Separated    Divorced    Single Parent/Guardian  
 Parent/Guardian 1 Deceased    Parent/Guardian 2 Deceased

## Applicant lives with:

- Both Parents/Guardian    Parent/Guardian 1    Parent/Guardian 2  
 Other \_\_\_\_\_

## Name and Address to which bills are to be sent:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

## To whom should school reports and mailings be sent?

- Both Parents/Guardians    Parent/Gardian 1 Only    Parent/Gardian 2 Only

## Siblings:

Please list applicant's siblings	School Attending	Grade

Synagogue Membership: \_\_\_\_\_

Rabbi's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe the communal affiliation of the parents (general and Jewish):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## To The Parents:

We are interested in each applicant as an individual. With this in mind, please answer the following questions in as much detail as necessary. Please attach additional pages if necessary.

Does your child have an established  IEP or  504. If so, please attach the latest copy with this application.

Does your child have any special needs? Please describe. (Health, medications, educational, remediation or enrichment, social, etc.)

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Please describe your child's relationships with his/her teachers.

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Please describe your child's relationship with his/her peers.

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Please tell us about your child's interests, achievements, ambitions and anything else you would like us to know.

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I certify that all of the information I have provided is true, and I understand that the application process will be automatically terminated if I have provided any incorrect or false information, and/or if I have omitted any pertinent information.

\_\_\_\_\_  
Parent/Guardian 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian 2 Signature

\_\_\_\_\_  
Date



## Application Procedures

- This Application, accompanied by a non-refundable application fee of \$100, must be submitted by December 1st for priority review. Incomplete applications will not be processed.
- Supporting documentation (Principal's Evaluation, Teachers' Evaluations and student records) must be received no later than January 5th.
- Applicants will be called for a personal interview.
- Applicants will be notified in writing of the decision of the Admissions Committee by March 5th.
- I have enclosed a non-refundable application fee of \$100 (check or money order), made payable to "SSDS Nassau."
- If you are interested in applying for Tuition Assistance, you may do so *confidentially* by visiting the Tuition Assistance link on our website.

### Mail or Fax to:

Rabbi Tracy Kaplowitz  
Director of Admissions and Community Engagement  
Solomon Schechter Day School of Nassau County  
Solomon Schechter High School of Long Island  
Barbara Lane, Jericho, NY 11753  
Phone: 516.935.1441 Extension 1115 • Fax: 516.935.8280  
tkaplowitz@ssdsnassau.org  
www.ssdsnassau.org

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# Solomon Schechter

High School of Long Island



**PROVIDING  
A JEWISH AND  
SECULAR  
EDUCATION OF  
EXCELLENCE  
FOR OVER  
40 YEARS**

Upper School Campus (Middle and High School):

6 Cross Street, Williston Park, New York 11596 ▶ 516.539.3700 ▶ [admissions@ssdsnassau.org](mailto:admissions@ssdsnassau.org) ▶ [www.ssdnassau.org](http://www.ssdnassau.org)

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