

YOUR CHILD DESERVES THE BEST OF BOTH WORLDS

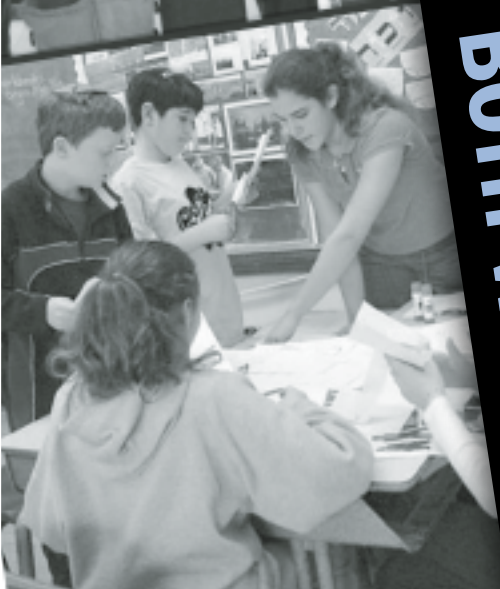


Solomon Schechter

Day School of Nassau County

**MIDDLE SCHOOL
ADMISSION
APPLICATION**

Grades 6-8



Please complete an Admission Application for each child. Please type or print all information.

Application for Grade _____, September _____

Name of Student: _____
Last First Middle Hebrew

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Social Security Number: _____

Date of Birth: MM/DD/YY _____ Place of Birth: _____

If foreign born, date of arrival in U.S.: _____

Present School: _____

Principal/Head of School: _____ Phone: _____

School Address: _____

City: _____ State: _____ Zip: _____

Please attach a photo of your child here

Previous Schools Attended:	Grades Attended	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian 1 Information

Rabbi/Cantor/Dr./Mr./Mrs./Ms. _____
Last First Middle

Home Address: _____

Home Tel: () _____ Cell Phone: _____ E-mail: _____

Occupation: _____ Business Phone: () _____

Business Address: _____

Parent/Guardian 2 Information

Rabbi/Cantor/Dr./Mr./Mrs./Ms. _____
Last First Middle

Home Address: _____

Home Tel: () _____ Cell Phone: _____ E-mail: _____

Occupation: _____ Business Phone: () _____

Business Address: _____

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/Guardian 1 Only Parent/Guardian 2 Only

Siblings

Please list applicant's siblings

Name:	Date of Birth:	School Attending:

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

Yes No (If so, please explain) _____

Public School District in Which You Reside: _____

Primary Language Spoken at Home: _____

Synagogue Membership: _____

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

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 1, 2010 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 5, 2011.
- Applicants will be called for a personal interview.
- Applicants will be notified in writing of the decision of the Admissions Committee by March 5, 2011.
- 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:

Helen C. Mor, Director of Recruitment and Admissions
Solomon Schechter Day School of Nassau County
Solomon Schechter High School of Long Island
27 Cedar Swamp Road, Glen Cove, NY 11542
Phone: (516) 656-5500 Ext. 1228 · Fax: (516) 656-9822
www.ssdsnassau.org



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



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Email: admissions@ssdsnassau.org · www.ssdsnassau.org

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