



SOLOMON SCHECHTER HIGH SCHOOL OF LONG ISLAND

APPLICATION FOR ADMISSION

Please type or print all information. Application for Grade _____, September _____

Name of Student: _____
Last First Middle Hebrew

Address: _____

City: _____

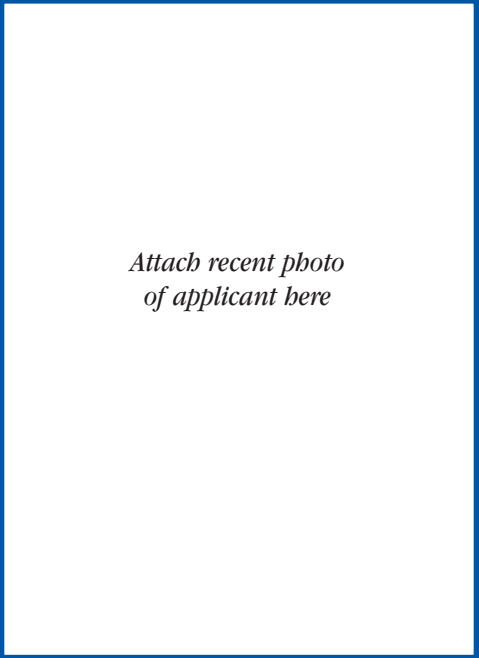
State: _____ Zip: _____

Home Tel: () _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____
Month Day Year

Place of Birth: _____



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

Present School: _____		
Principal/Head of School: _____	Phone: _____	
School Address: _____		
Previous Schools Attended:	<i>Grades Attended</i>	<i>Dates Attended</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

MOTHER'S INFORMATION

- Rabbi
- Dr.
- Mrs.
- Ms.

_____ *Last* *First* *Middle* *Hebrew*

Home Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Business Phone: _____

Business Address: _____

General Education (*List Schools*)

Jewish Education (*List Schools*)

Elementary _____

Elementary _____

High School _____

High School _____

College _____

College _____

Graduate _____

Graduate _____

FATHER'S INFORMATION

- Rabbi
- Dr.
- Mr.

_____ *Last* *First* *Middle* *Hebrew*

Home Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Business Phone: _____

Business Address: _____

General Education (*List Schools*)

Jewish Education (*List Schools*)

Elementary _____

Elementary _____

High School _____

High School _____

College _____

College _____

Graduate _____

Graduate _____

Parents are: married separated divorced father deceased mother deceased single parent

Applicant lives with: both parents mother father other _____

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

To whom should school reports and mailings be sent? both parents mother only father only

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 any special needs? Please describe. (Health, educational, remediation or enrichment, social, etc.)

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

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

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

APPLICATION PROCEDURES

- This Application, accompanied by a non-refundable application fee of \$100, must be submitted by November 22, 2006 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, 2007 in order to receive notification by the February notification date.
- All applicants will be called for a personal interview.
- Applicants will be notified in writing of the decision of the Admissions Committee by February 28, 2007.
- I have enclosed a non-refundable application fee of \$100 (check or money order), made payable to Solomon Schechter High School of Long Island.
- I wish to apply for financial aid. I understand that I will be asked to submit tax returns and supporting documentation.

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 Signature

Date