



SOLOMON SCHECHTER DAY SCHOOL OF NASSAU COUNTY

APPLICATION FOR ADMISSION

Please complete a separate Application Form for each child.

This application is for the Middle School (Grades 6 through 8)

Please return this completed Application Form and the non-refundable fee to:

Solomon Schechter Day School of Nassau County
27 Cedar Swamp Road
Glen Cove, New York 11542

A separate \$100.00 non-refundable check for testing and processing for each student. (Please indicate "Testing/Processing Fee" on the check. Please include \$100.00 per child, and please list the names of the children either on the face of the check or in a note attached to the check.)

Please attach a copy of your child's Birth Certificate

Child's Name _____ M F

Grade Entering _____ September _____

Family Name _____

Address _____

Attach a recent photo of your child here

Home Phone _____ Cell Phone _____ E-Mail _____

Child's Date of Birth _____ Hebrew Name _____

Child's Social Security Number _____

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

Business/Profession _____ Business Phone _____

Business Address _____

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

Business/Profession _____ Business Phone _____

Business Address _____

Names of Siblings

Date of Birth

Current School

Parent are:

married separated divorced father deceased single parent

Child lives with:

both parents mother father guardian

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

Yes No (If no, kindly explain)

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 guardian

Public School District in Which You Reside _____

Primary Language Spoken at Home _____

Synagogue Membership _____ Rabbi's Name _____

Name and Address of School Child Presently Attends _____

Principal's Name _____

I give 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

I wish to apply for financial aid. Please mail the forms to me.

If I am applying for financial aid, I also wish to take advantage of the option of paying only half of my Contract Fee now and the balance with my adjusted tuition. (This option is available only for parents applying for financial aid.)