

ADMISSIONS APPLICATION

EARLY CHILDHOOD CENTER



Student Information

Candidate for Grade _____ for School Year Beginning _____
Full Legal Name _____ Prefers to be called _____
Address _____ Hebrew Name _____
City _____ State _____ Zip _____ Gender: Female Male
Home Phone _____ Cell Phone _____ Date of Birth _____

Education

Current School _____ Current Grade _____
School Phone _____ Years Attended _____
School Address _____

| Previous School(s) | Grades attended |
|--------------------|-----------------|
| _____ | _____ |
| _____ | _____ |

If your child isn't currently attending a Jewish day school, please provide details of their Hebrew/Jewish education to date: _____

Please describe the positive and negative impacts of their most previous school experience:

Please describe any special services or remedial programs your child has experienced:

Parent Information

Name (Mr./Mrs./Ms./Dr./Rabbi)

Address (if different from student)

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail _____

Occupation _____

Employer _____

Congregational Affiliation _____

Rabbi's Name _____

Are you a convert to Judaism? Yes No

Check any that apply: Student's father is deceased

Student's mother is deceased

Name (Mr./Mrs./Ms./Dr./Rabbi)

Address (if different from student)

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail _____

Occupation _____

Employer _____

Congregational Affiliation _____

Rabbi's Name _____

Are you a convert to Judaism? Yes No

Student's parents are divorced

Student's parents are separated

Does the applicant live with others not already noted in this application? If so, please list their names and their relationships with the applicant. _____

Sibling Information

Name

Birth Date

Current School

Grade

Developmental History

New England Jewish Academy cares about the social, emotional, physical, and intellectual development of each student. The following information will help us better understand your child.

Has your child's vision been tested? Yes No Does your child wear glasses? Yes No

Has your child's hearing been tested? Yes No Do you have any concerns? Yes No

Are there concerns or needs related to your child's speech/language development? Yes No

Are there any concerns or needs related to your child's fine or gross motor skills? Yes No

Are there any concerns or needs related to your child's behavioral development? Yes No

Are there any other concerns or needs of which NEJA should be aware? Yes No

Are there any family situations/stressors of which NEJA should be aware? Yes No

Has an educational and/or psychological assessment been done for this child? Yes No

Describe your child's interactions with peers _____

Describe your child's response to classroom rules and routines _____

Describe your child's perceived strengths _____

Student Name: _____

Please read carefully and sign:

The information included in this application and any supporting documentation is strictly confidential. During the admissions review process, access to this information will be restricted to the members of the Admissions Committee. Should your child be registered at New England Jewish Academy, the application and all supporting documentation will become part of your child's academic file.

I/we understand acceptance of a place at New England Jewish Academy signifies:

- * Acceptance of the ethos and values of the school as is contained in the Academy's mission statement
- * Disclosure of all special circumstances
- * Acceptance of the right of the administration to determine class placement
- * Compliance with school rules as published in the Parent Handbook and other relevant school documents
- * Compliance with any agreed upon individual education plan at the New England Jewish Academy

I/we confirm that all information in this application form is complete and correct, and understand that NEJA reserves the right to cancel registration or enrollment if incomplete or incorrect information has been provided.

Parent 1 signature

Date

Parent 2 signature

Date

Please provide the following:

- Copy of most recent class report
- Printed or digital photo

Please provide the following if applicable:

- Copy of most educational or psychological assessments
- Copy of conversion certificate
- Copy of immigration papers