

Admission Application

Nursery – 8th Grade

Building a Jewish Future...



... One Student at a Time

The Brandeis School

Applicant Information

Application for Grade: _____, September _____

Name of Applicant: _____

Last

First

Middle

Hebrew

Male

Female

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 US: _____

*Please attach
a photo of
your child
here*

Family Information

Parent/Guardian 1 Name:

Relationship to Applicant: _____

Hebrew Name: _____

Jewish: Yes No by: Birth Conversion

Home Address:

Brandeis Alumnus: Yes No

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Employer/Occupation: _____

Parent/Guardian 2 Name:

Relationship to Applicant: _____

Hebrew Name: _____

Jewish: Yes No by: Birth Conversion

Home Address:

Brandeis Alumnus: Yes No

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Employer/Occupation: _____

Parents are: Married Single Separated Divorced Domestic Partners Widowed

Parent/Guardian Remarried: Yes No

Parent/Guardian Remarried: Yes No

Name of Stepparent:

Name of Stepparent:

If Parents are divorced or separated, to whom should admissions correspondence be sent?

Parent/Guardian 1

Parent/Guardian 2

Both Parents/Guardians

Applicant lives with:

Both Parents/Guardians 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 Applicant 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: _____

School Information (If Applicant is transferring from a different school.)

Current School Name: _____ Current Grade: _____

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

Principal's Name: _____ Phone: () _____

Schools/Programs Previously Attended:

Name: _____ Dates Attended: _____

Name: _____ Dates Attended: _____

Name: _____ Dates Attended: _____

I give permission to The Brandeis School 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

- A non-refundable \$100 Application fee must be submitted with this Application. (Incomplete Applications will not be processed.)
- Checks must be made payable to The Brandeis School.
- To apply for Tuition Assistance, complete the forms online at <https://online.factsmgmt.com>.
- Please enclose a copy of Applicant's birth certificate.

Mail to:

The Brandeis School

25 Frost Lane, Lawrence, NY 11559

P.516.371.4747 | F.516.371.1572

tdahari@thebrandeisschool.org

Signature of Parent/Guardian 1

Date

Signature of Parent/Guardian 2

Date

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Tuition Schedule

Grade	Tuition	Hours
Nursery (3 years old)	\$ 6,900	9am-2:30pm
PK	\$ 7,200	8:15am-3:10pm
K	\$ 8,600	8:15am-3:10pm
1 st	\$ 9,800	8:15am-3:10pm
2 nd	\$14,175	8:15am-3:10pm
3 rd	\$14,540	8:15am-3:50pm
4 th	\$15,150	8:15am-3:50pm
5 th	\$16,300	8:15am-3:50pm
6 th	\$16,300	8:15am-3:50pm
7 th	\$16,590	8:15am-3:50pm
8 th	\$16,590	8:15am-3:50pm

Additional Fees:

\$350 security charge per family.

\$500 charge per family: will be deducted if family provides in-kind services/volunteer hours equaling \$500.

\$100 non-refundable Application Fee.

Other Costs:

Trips

Daily lunch is available for purchase on a pre-paid basis through the Parents Association.

Nursery Early Morning Drop-Off (8:15am-9:00): \$500/year.

Nursery Late Pick-Up (2:30pm-3:10pm): \$500/year.

Late Dismissal Room/Nursery-2nd Grades (3:10pm-3:50pm): \$400/year.



Contact Sheet

Applicant's Name: _____

Gender: M/F: _____

Date of Birth: _____

Grade Entering September 20____: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Siblings:

Name	Age	School Attending

Does Applicant have any special needs (IEP)? If yes, please explain:

How did you hear about us?