

Admission Application

Nursery – 8th Grade

Building a Jewish Future...



... One Student at a Time

The Brandeis School

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

Student Information

Application for Grade: _____, September _____

Name of Student: _____

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: _____

Parent/Guardian 2 Name: _____

Relationship to Student: _____

Relationship to Student: _____

Hebrew Name: _____

Hebrew Name: _____

Jewish: Yes No by: Birth Conversion

Jewish: Yes No by: Birth Conversion

Home Address: _____

Home Address: _____

Brandeis Alumnus: Yes No

Brandeis Alumnus: Yes No

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Employer/Occupation: _____

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 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: _____

School Information *(If transferring from a different school)*

Name and Address of School Child Currently Attends:

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/Money orders should be made payable to The Brandeis School.
- To apply for Tuition Assistance, complete the forms online at Factstuitionaid.com.
- Upon completion of entire application process, applicants will be notified in writing of the decision by the Head of School.
- 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