

ENROLLMENT APPLICATION

ADMISSIONS GUIDELINES

1. School Visit

Call the Admissions Office to schedule a school tour and meet with the Directors.

2. Enrollment Application

Complete the following and return to the Admissions Office by March 1.

Include with your application:

- The Enrollment Application form
- The signed Release of Information form
- A non-refundable fee of \$100
- A copy of your child's birth certificate

3. Release of Information and Student Observation

- MJDS will send the Release of Information form to your child's current school or program.
- Kindergarten applicants may be observed at their pre-schools.

4. Admissions Acceptance

Acceptance letters are mailed in May and throughout the summer as records are received and evaluated.

Children must be 4 years old by September 1 to enter Jr. Kindergarten, and 5 years old by September 1 to enter Sr. Kindergarten. Prospective students for grades 1-8 are welcome to spend time visiting MJDS in their current grade class.

For Grade: _____ School Year: _____ Today's Date: _____

Child's Full Name: _____
Last First Middle

Student likes to be called: _____ Hebrew Name: _____

Date of Birth: _____ Gender: ____ M ____ F

Child Lives with: ____ Both parents ____ Mother ____ Father ____ Other

Child's Parents are now: ____ Married ____ Separated ____ Divorced ____ Single Parent

Residence Address: _____

City: _____ State: _____ Zip: _____

Residence Phone: () _____



Siblings	Birth Date	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's Maternal Grandparents (include titles such as Mr., Mrs., Dr.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Paternal Grandparents (include titles such as Mr., Mrs., Dr.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please indicate your reasons for wanting to enroll your child at Milwaukee Jewish Day School.

How did you hear about MJDS? (Friends, family, advertisements, publications, etc.)

To whom should we send all financial statements? _____

Please list current and all previous schools attended by student.

School	Dates Attended	Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY INFORMATION

Mother: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: () _____ Work: () _____ Cell: () _____

E-mail address: _____ Occupation: _____

Business/Firm Name: _____

Father: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: () _____ Work: () _____ Cell: () _____

E-mail address: _____ Occupation: _____

Business/Firm Name: _____

How do you want your name(s) listed on the parent roster? _____

We often send notices by e-mail. To which accounts would you like such notification sent?

Language(s) spoken in the home: _____

Synagogue affiliation: _____

CURRENT HEALTH HISTORY

Allergies: _____

Food restrictions: _____

Health concerns: (serious illnesses, accidents, surgeries, physical or developmental issues)

Does your child take any medication on a continuing basis? _____ If yes, list medication(s)

Medication name(s): _____

For what specific condition(s)? _____

Please describe any specific testing or evaluations your child has received: _____

Name of student's physician: _____

Phone number: () _____

Parent/Guardian Signature: _____ Date: _____