ADMISSIONS APPLICATION

STUDENT/APPLICANT INFORMATION

Name (last, middle, first) | Hebrew name

Nickname | Grade applying for

Birthdate (M/D/Y) | Gender (F or M)

Primary home address

City | State | Zip

Primary language spoken at home | Other languages spoken at home

Synagogue affiliation

Previous school | Dates attended | Grades

Previous school | Dates attended | Grades

Previous school | Dates attended | Grades

SIBLING INFORMATION

Name (last, first) | Birthdate (M/D/Y) | School | Grade

Name (last, first) | Birthdate (M/D/Y) | School | Grade

Name (last, first) | Birthdate (M/D/Y) | School | Grade

Name (last, first) | Birthdate (M/D/Y) | School | Grade

MILWAUKEE JEWISH DAY SCHOOL

PARENT/GUARDIAN INFORMATION

English name (last, first)

Hebrew name

Relationship to child

Home address

City State Zip

Home phone number

Cell phone number

Preferred email address

Occupation

Employer

Work address

City State Zip

Work phone number

Marital status

If remarried, please list spouse's name (last, first & prefix)

PARENT/GUARDIAN INFORMATION

English name (last, first)

Hebrew name

Relationship to child

Home address

City State Zip

Home phone number

Cell phone number

Preferred email address

Occupation

Employer

Work address

City State Zip

Work phone number

Marital status

If remarried, please list spouse's name (last, first & prefix)

To whom should school correspondence be sent?

Who will be responsible for tuition?

If divorced, who has legal custody?

STUDENT/APPLICANT HEALTH & BACKGROUND INFORMATION

Health concerns (i.e.: illnesses, accidents, surgeries, physical or developmental issues)

Food restrictions

Medications taken by the student on a continuing basis (if applicable)

Allergies

Reasons for medications

Name of student's physician Phone number

If your child has ever been evaluated for and/or received any type of therapy (I.e., physical, developmental, occupational, speech, language, learning, psychotherapy, etc.), please describe below.

SHORT ANSWER QUESTIONS *(Use additional paper if necessary.)*

Please tell us the top three reasons you think Milwaukee Jewish Day School will be a good match for your child and family?

What other schools did you look at and why?

How did you hear about MJDS? (If you heard about us through a friend or family member, please list his/her full name.)

What role do you believe Judaism plays in your child's growth and development?

Has your child ever been evaluated for special education services and/or received special support in a school setting?

Please describe some of your child's strengths and any challenges your child has faced in a school setting.

Is there any other information we should know about your child to best meet his/her needs (both in home and at school)?

Tell us something special about your child.

SIGNATURE

Parent/Guardian name (please print)

Parent/Guardian signature

Date

Parent/Guardian name (please print)

Parent/Guardian signature

Date

Milwaukee Jewish Day School does not discriminate on the basis of race, color, national or ethnic origin or ancestry in the administration of the school's educational policies, admissions policies, financial aid programs or other school-administered programs.

MILWAUKEE JEWISH DAY SCHOOL