



# SOLOMON SCHECHTER HIGH SCHOOL OF LONG ISLAND

## APPLICATION FOR ADMISSION

Please type or print all information. Application for Grade \_\_\_\_\_, September \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle Hebrew

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: ( ) \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Place of Birth: \_\_\_\_\_



If foreign born, date of arrival in U.S. \_\_\_\_\_

Present School: _____		
Principal/Head of School: _____	Phone: _____	
School Address: _____		
Previous Schools Attended:	Grades Attended	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PARENT/GUARDIAN 1 INFORMATION

- Rabbi
- Dr.
- Mrs.
- Ms.

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Hebrew

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### General Education (List Schools)

Elementary \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Graduate \_\_\_\_\_

### Jewish Education (List Schools)

Elementary \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Graduate \_\_\_\_\_

## PARENT/GUARDIAN 2 INFORMATION

- Rabbi
- Dr.
- Mr.

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Hebrew

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### General Education (List Schools)

Elementary \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Graduate \_\_\_\_\_

### Jewish Education (List Schools)

Elementary \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Graduate \_\_\_\_\_

Parents are:  Married  Separated  Divorced  Father Deceased  Mother Deceased  Single Parent

Applicant lives with:  Both Parents  Mother  Father  Other \_\_\_\_\_

Name and Address to which bills are to be sent: \_\_\_\_\_

\_\_\_\_\_

To whom should school reports and mailings be sent?  Both Parents  Mother Only  Father Only

Please list applicant's siblings: School Attending

Grade

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Synagogue Membership: \_\_\_\_\_

Rabbi's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe the communal affiliation of the parents (general and Jewish): \_\_\_\_\_

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## TO THE PARENTS:

We are interested in each applicant as an individual. With this in mind, please answer the following questions in as much detail as necessary. Please attach additional pages if necessary.

Does your child have an established  IEP or  504. If so, please attach the latest copy with this application.

Does your child have any special needs? Please describe. (Health, medications, educational, remediation or enrichment, social, etc.)

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Please describe your child's relationships with his/her teachers. \_\_\_\_\_

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Please describe your child's relationship with his/her peers. \_\_\_\_\_

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Please tell us about your child's interests, achievements, ambitions and anything else you would like us to know. \_\_\_\_\_

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## APPLICATION PROCEDURES

- This Application, accompanied by a non-refundable application fee of \$100, must be submitted by December 1, 2009 for priority review. Incomplete applications will not be processed.
  - Supporting documentation (Principal's Evaluation, Teachers' Evaluations, and student records) must be received no later than January 7, 2010.
  - Applicants will be called for a personal interview.
  - Applicants will be notified in writing of the decision of the Admissions Committee by March 2, 2010.
- I have enclosed a non-refundable application fee of \$100 (check or money order), made payable to Solomon Schechter High School of Long Island.

If you are interested in applying for Financial Assistance, you may do so *confidentially* by visiting the Financial Aid link on our website.

Mail or Fax to:  
Adele Spickler, Director of Admissions  
Solomon Schechter Day School of Nassau County  
Solomon Schechter High School of Long Island  
27 Cedar Swamp Road, Glen Cove, New York 11542  
Phone: (516) 656-5500 • Fax: (516) 656-9822  
[www.ssdnassau.org](http://www.ssdnassau.org)

**I certify that all of the information I have provided is true, and I understand that the application process will be automatically terminated if I have provided any incorrect or false information, and/or if I have omitted any pertinent information.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date