

**YOUR CHILD DESERVES THE BEST OF BOTH WORLDS**



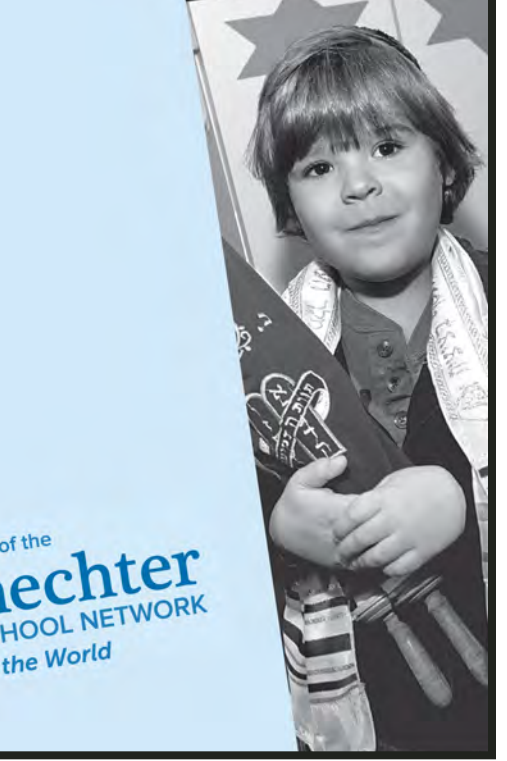
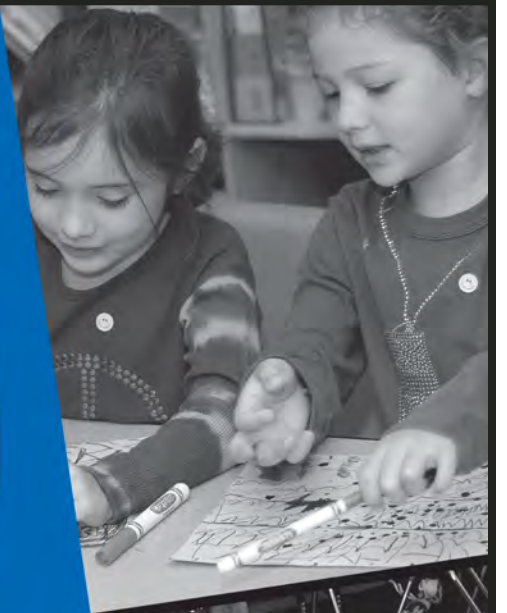
# Solomon Schechter

Day School of Nassau County

**ADMISSION APPLICATION**  
**GRADES K-5**



A member of the  
**Schechter**  
DAY SCHOOL NETWORK  
*Engage the World*



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

Application for Grade \_\_\_\_\_, September \_\_\_\_\_

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

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

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

Home Phone: ( ) \_\_\_\_\_

Home School District: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: MM/DD/YY \_\_\_\_\_

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

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

Please attach  
a photo  
of your  
child here

### Parent/Guardian 1 Information

Rabbi/Cantor/Dr./Mr./Mrs./Ms. \_\_\_\_\_  
Last First Middle

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

Home Tel: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer/Title: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Address: \_\_\_\_\_

### Parent/Guardian 2 Information

Rabbi/Cantor/Dr./Mr./Mrs./Ms. \_\_\_\_\_  
Last First Middle

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

Home Tel: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer/Title: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Address: \_\_\_\_\_

Parents are:  Married  Separated  Divorced  Single Parent/Guardian  Parent/Guardian 1 Deceased  
 Parent/Guardian 2 Deceased  Other \_\_\_\_\_

Applicant lives with:  Both Parents/Guardian  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 no, please explain) \_\_\_\_\_  
\_\_\_\_\_

Public School District in Which You Reside: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

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

Name and Address of School/Early Childhood Center Child Currently Attends:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal's/Director's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I give permission to Solomon Schechter Day School of Nassau County 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

- This Application, accompanied by a non-refundable application fee of \$100, must be submitted by January, 2011. Incomplete applications will not be processed.
- Upon completion of entire application process, applicants will be notified in writing of the decision of the Admissions Committee.
- I have enclosed a non-refundable application fee of \$100 (check or money order), made payable to "SSDS Nassau."
- I have enclosed a copy of my child's birth certificate.
- If you are interested in applying for Tuition Assistance, you may do so *confidentially* by visiting the Tuition Assistance link on our website.

### Mail or Fax to:

Rabbi Tracy Kaplowitz, Director of Admissions and Community Engagement  
Solomon Schechter Day School of Nassau County  
Solomon Schechter High School of Long Island  
Barbara Lane, Jericho, NY 11753  
Phone: 516.935.1441, Ext. 1115 · Fax: 516.935.8280  
[www.ssdnassau.org](http://www.ssdnassau.org)



# **Solomon Schechter**

Day School of Nassau County



**PROVIDING  
A JEWISH AND  
SECULAR  
EDUCATION OF  
EXCELLENCE  
FOR OVER  
40 YEARS**

Lower School Campus (Elementary School):

Barbara Lane, Jericho, New York 11753 ▶ 516.935.1441 ▶ [admissions@ssdsnassau.org](mailto:admissions@ssdsnassau.org) ▶ [www.ssdsnassau.org](http://www.ssdsnassau.org)

Upper School Campus (Middle and High School):

6 Cross Street, Williston Park, New York 11596 ▶ 516.539.3700 ▶ [admissions@ssdsnassau.org](mailto:admissions@ssdsnassau.org) ▶ [www.ssdsnassau.org](http://www.ssdsnassau.org)

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