



APPLICATION FOR EARLY CHILDHOOD CENTER ADMISSION

Please indicate grade you are applying for:

- Playgroup (Student must be 18 months by September 1st)
 Three's (Student must be age three by September 1st)
 Two's (Student must be age two by September 1st)
 Four's (Pre-K) (Student must be age four by September 1st)

A non-refundable application fee of \$100 and a copy of the applicant's birth certificate must accompany this application.

PARENTS: Married Single Divorced Father is deceased Mother is deceased

APPLICANT RESIDES WITH (check all that apply):

- Father Mother Stepfather Stepmother Grandparents

APPLICANT / STUDENT			
FIRST NAME	MIDDLE	LAST NAME	NICKNAME
HOME ADDRESS			<input type="checkbox"/> Male <input type="checkbox"/> Female
CITY		STATE	ZIP
HOME PHONE		RELIGION	DATE OF BIRTH
PRIMARY LANGUAGE	OTHER LANGUAGES		IS THE APPLICANT A PERMANENT RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not a permanent resident, what type of visa has been issued to the applicant? <i>A copy of the applicant's visa must be provided</i>			WILL THE APPLICANT REQUIRE AN I-20 VISA? <input type="checkbox"/> Yes <input type="checkbox"/> No

FATHER

TITLE	FIRST NAME	MIDDLE	LAST NAME		
HOME ADDRESS (if different from application)			CITY	STATE	ZIP
HOME PHONE			CELL PHONE		
EMPLOYER			POSITION		
BUSINESS ADDRESS			CITY	STATE	ZIP
E-MAIL	BUSINESS PHONE		COLLEGES ATTENDED		
Are you a member of Beth David Congregation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Religion			Synagogue affiliation		

MOTHER

TITLE	FIRST NAME	MIDDLE	LAST NAME		
HOME ADDRESS (if different from application)			CITY	STATE	ZIP
HOME PHONE			CELL PHONE		
EMPLOYER			POSITION		
BUSINESS ADDRESS			CITY	STATE	ZIP
E-MAIL	BUSINESS PHONE		COLLEGES ATTENDED		
Are you a member of Beth David Congregation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Religion			Synagogue affiliation		

SIBLINGS

NAME	AGE	CURRENT SCHOOL
NAME	AGE	CURRENT SCHOOL
NAME	AGE	CURRENT SCHOOL

LEGACY**FAMILY MEMBERS WHO HAVE ATTENDED THE GORDON SCHOOL OF BETH DAVID CONGREGATION**

NAME	RELATIONSHIP	YEARS
NAME	RELATIONSHIP	YEARS
NAME	RELATIONSHIP	YEARS

STUDENT INFORMATION

Have you previously applied to The Gordon School? Yes No If yes, what year?

Has your child ever been placed on probation, suspended, expelled, asked to withdraw, or not offered enrollment renewal from any prior school? Yes No If yes, please explain the circumstances.

Please give the name and address of the school the applicant is now attending

NAME OF SCHOOL	PHONE	FAX	
STREET ADDRESS	CITY	STATE	ZIP
NAME OF PRINCIPAL OR HEAD OF SCHOOL			
REASON FOR LEAVING CURRENT SCHOOL			

HOW DID YOU LEARN ABOUT THE GORDON SCHOOL OF BETH DAVID CONGREGATION?

WHAT WOULD YOU LIKE THE GORDON SCHOOL TO KNOW ABOUT YOUR CHILD?

PLEASE RESPOND WITH A BRIEF ESSAY TO THE FOLLOWING TWO QUESTIONS

WHY IS A JEWISH SCHOOL EDUCATION IMPORTANT FOR YOUR FAMILY?

HOW DO YOU SEE YOUR FAMILY FITTING INTO THE SCHOOL AND SYNAGOGUE COMMUNITY?

By signing below, I grant permission to The Gordon School of Beth David Congregation to obtain my child's school records and any relevant information pertaining to my child's attendance at such school, as well as to contact the references and professionals I have provided to The Gordon School. I verify that the information supplied on this application and in all related documents is truthful and I understand that any omissions or misrepresentations may result in my child's application being denied or my child being asked to withdraw (if discovered after acceptance). I acknowledge that I am authorized to submit this application on behalf of my child. I agree that I will not seek access to materials used during the admission process. I further understand that my child's enrollment or continued enrollment (if accepted) is subject to my child continuing to meet the school's academic and social expectations and my continuing to meet the financial commitments set forth in the relevant enrollment contracts.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

The Gordon School of Beth David Congregation welcomes students of any race, color, religion, national or ethnic origin