



Application for Admission Grades K – 8

Date _____

Please check one:

Application for admission to grade _____ for year _____

Female _____ Male _____

Name _____ (_____) _____
first Hebrew middle last

Address _____
street city state zip+4

Date of Birth _____ Place of Birth _____

FATHER'S INFORMATION	MOTHER'S INFORMATION
Name: _____	Name: _____
Home Telephone: _____ (area code)	Home Telephone: _____ (area code)
Cell Telephone: _____ (area code)	Cell Telephone: _____ (area code)
Pager Number: _____ (area code)	Pager Number: _____ (area code)
E-Mail Address: _____	E-Mail Address: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____
City & Zip Code: _____	City & Zip Code: _____
Position/Title: _____	Position/Title: _____
Business Telephone (include area code): _____	Business Telephone (include area code): _____
Home Address (if different from applicant): Street City State Zip Code	Home Address (if different from applicant): Street City State Zip Code
Father's Jewish Education: _____	Mother's Jewish Education: _____

Student's present school _____ Telephone (area code) _____

Sibling Information:

Name	School	Grade	Age	Date of Birth
_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	___/___/___

Emergency names and telephone numbers must be completed for a valid application.

Name: _____ Relationship: _____ Telephone (____) _____

Name: _____ Relationship: _____ Telephone (____) _____

Student's Physician: _____ Telephone (____) _____

Student's Dentist: _____ Telephone (____) _____

Allergies _____

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How did you become interested in Gross Schechter School ? _____

Congregational Affiliation: _____

If unaffiliated, religious orientation (Conservative, Orthodox, Reform) _____

Grandparents (Maternal) Names: _____

(Street) (City) (State) (Zip + 4)

Step Grandparents (Maternal) Names: _____

(Street) (City) (State) (Zip+ 4)

Grandparents (Paternal) Names: _____

(Street) (City) (State) (Zip+ 4)

Step Grandparents (Paternal) Names: _____

(Street) (City) (State) (Zip+ 4)

Has there been a need for any unusual medical care (please specify) for child? _____

Has this child been diagnosed as having any medical/educational/psychological needs? _____

Previous school(s) with dates of attendance: _____

A non-refundable Application Fee of \$75.00 must be submitted with this form to:

Date Signature of Parent or Guardian Responsible For Account

Gross Schechter Day School admits students of any race, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the School. The School does not discriminate on the basis of race, nationality or ethnic origin in administration of its educational policies, admission policies, tuition assistance policies or other school administered programs.



To apply for **tuition assistance** (all assistance applications are confidential), go to **www.grossschechter.org**, click on the **Admissions button** on the menu bar to the left, and go to the **FACTS Grants and Aid** link. For additional help, please contact Mindy Slade, (216) 763-1400 ext. 409.