



Application for Admission – Preschool

Date _____

Please check one:

Application for admission to Preschool 3 for year _____ / Preschool 4 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? _____

Does this child have any special needs which would affect his/her educational program? _____

Please indicate your choice of schedule by checking under box:

Age	✓	Half Days (check box)	✓	Full Days (check box)	Afternoon Enrichment (on ½ Days) <i>(circle # of days needed)</i>
3 yr. old		5 half days (8:30-12:30)		5 full days (8:30-3:30)	1 2 3 4 5
		3 half days (circle: M T W Th F)		3 full days (circle: M T W Th F)	1 2 3
4 yr. old		5 half days		5 full days	1 2 3 4 5

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

Gross Schechter Day School • Attn: Admissions • 27601 Fairmount Boulevard • Pepper Pike, Ohio 44124-4614

 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.

