

Parents' marital status:

_____ Married and living together _____ Never Married
_____ Married and living apart _____ Separated _____ Divorced/Date

Other home address if applicable: Name: _____

_____ Street Name Apt. # City State Zip

Additional Family Information:

Sibling's Name	Date of Birth	Current School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other guardian(s): (please specify)

_____ Name(s) Relationship

Children by previous marriage _____

Who else lives at home? _____

Languages spoken in home _____

Current Synagogue Affiliation: _____

Child's History

Has your child attended preschool previously? Please list the name(s) of the school(s) your child has attended:

Previous School _____

Telephone _____ Years Attended from _____ to _____

Previous School _____

Telephone _____ Years Attended from _____ to _____

Physical History:

Is there anything about the mother's pregnancy or delivery of the child at birth that we should be aware of? Was the child full-term?

Please indicate the age at which your child:

Sat _____ Crawled _____ Walked _____ Talked _____

Are languages other than English spoken in the home?

How much time does your child spend in the care of others? And with whom (sitters, grandparent, daycare)?

Please tell us about your child. What do you see to be his/her strengths and weaknesses?

How would you describe his/her emerging personality?

Medical History:

Please list any serious accidents, illnesses, injuries or allergies, and dates when they occurred:

Accidents: _____

Illness: _____

Allergies: (food, seasonal, medication etc):

Is your child currently taking medication? If so, please state:

Child's health is (please circle) : good fair poor

Is your child using the toilet? If not, has the process begun?

Educational:

Has your child ever been recommended for any time of educational or developmental screening? Yes No

If yes, please describe:

Does your child currently receive therapeutic services? (e.g. occupational therapy, physical therapy, speech/language, hearing, psychological?) If yes, please list dates and assessment:

Social-Emotional:

What are your child's favorite interests and activities? _____

Is there any additional information concerning your child about which the school should be aware? (e.g; family life, custodial arrangements, etc.) Yes No

If yes, please describe: _____

**SOLOMON SCHECHTER DAY SCHOOL
Of Metropolitan Chicago**

9301 Gross Point Road
Skokie, IL 60076
847-679-6270

Release of Academic Information

This release must be completed and signed in order for the application to be complete

I authorize the release of information regarding _____ to the Solomon Schechter Day School.
Child's name

Name of school student is currently attending _____

Name of School Director _____

Name of classroom teacher _____

School address _____

School telephone number _____

School fax number _____ School E-mail _____

Signed _____ Date _____ Relationship to student _____

Release of Evaluation or Therapy Information

I understand this includes social, psychological and medical information.

Name of Therapist/Evaluator _____

Name of Therapist/Evaluator _____

Title _____

Title _____

Agency _____

Agency _____

Therapist's address _____

Therapist's address _____

Therapist's telephone number _____

Therapist's telephone number _____

Therapist's fax number _____

Therapist's fax number _____

Signed _____

Date _____

Relationship to student _____

Application Checklist

___ **Student Application; Including Release of Information and Parent/Guardian Signature**

___ **\$150.00 non-refundable application fee made payable to SSDS**

___ **Birth Certificate (copy acceptable)**

WAIT LIST POLICY:

All student applications for admission will be considered as they are received. When the number of applicants reaches the number of class spaces available, all additional applicants will be placed on a Wait List in the order their applications are received. Wait listed applicants will be processed the same as other applicants, however there is no guarantee that space will open for the applicant to be enrolled.

Schechter's educational success depends on parental partnerships. If accepted, I/we agree to abide by school policies. These include, but are not limited to, obtaining evaluations and/or services deemed necessary by SSDS professionals, respecting religious observances, abiding by educational decisions such as classroom placement, and meeting financial obligations.

The information provided in this application is true and accurate to the best of my/our knowledge.

Parent/Guardian A Signature

Date

Parent/Guardian B Signature

Date

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