

SHALOM SCHOOL
APPLICATION FOR KINDERGARTEN THROUGH SIXTH GRADE



Full Name of Child: _____ Date of Birth: _____ Gender: M / F

Current School: _____ Current Grade: _____ Years in Current School _____

Prior School _____ Years in Prior School _____

Parents' or Guardians' Names _____

Home Address _____

Preferred Method of Contact: Email _____ Phone _____

Are you affiliated with a synagogue? If so, which one? _____

What are the five most important factors in choosing an elementary school program for your child? Please list in order of importance to you.

What are your expectations regarding your child's elementary school experience?

Tell us why you are considering Shalom School's K-6 Program. Why might Shalom School be a good fit for your child?

What other schools are you applying to or considering for your child?

Has your child ever been suspended, expelled or asked to leave another school? _____

Do you have any other children not attending Shalom School? If so what are their ages, gender and what school do they attend, if any?

Are you interested in learning more about our confidential tuition assistance process? _____

By signing this application, Authorization is hereby given for the transfer of all necessary information for the above student. This may include written and verbal recommendations, evaluations, copies of report cards, official transcripts of grades, and standardized test results. I/We understand and agree that all recommendations and evaluations are confidential and will not be disclosed to me/us.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date