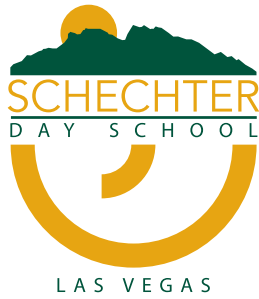


Application for Admission



# Solomon Schechter Day School of Las Vegas

(An educational program of Temple Beth Shalom)

10700 Havenwood Lane Las Vegas, Nevada 89135  
 (702) 804-1333, ext. 114 fax (702) 243-8796 info@ssds-lv.org

## Application for Admission

Date \_\_\_\_\_ Applying for grade \_\_\_ Child's age as of Sept. 1, 2009 \_\_\_ Birth date \_\_\_\_\_

Child's name \_\_\_\_\_

Child's address \_\_\_\_\_

### Family Information

Parent's name \_\_\_\_\_

Parent's name \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

### Sibling Information

Name	Birth Date	Age	Current School

Child resides with: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_\_\_

Child's religion: \_\_\_\_\_ By Birth: \_\_\_\_\_ Congregation Affiliation: \_\_\_\_\_

By Conversion: By: \_\_\_\_\_ Place & Date: \_\_\_\_\_

### School Information

Child's current school \_\_\_\_\_ Current Grade \_\_\_\_\_

School's address \_\_\_\_\_

Phone \_\_\_\_\_ Teacher's name \_\_\_\_\_

1. Who lives in the child's home and what is their relationship to the child? (Please include any significant role he/she may play in your child's life.)

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2. What role does Judaism play in your household?

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3. Does your family practice any other religions in your household?

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4. What expectations or goals do you have for your child regarding the Hebrew and Jewish studies portion of the curriculum?

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5. Has your child experienced, been evaluated for, and/or received help with any learning difficulties? If yes, please describe.

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6. Please comment on your child's responsibilities in the family.

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7. Please comment on your child's past school experience.

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8. Please comment on any unusual events, illnesses, or trauma your child may have experienced. Describe any emotional concerns that your child experienced as a result.

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9. Please list some of your child's interests.

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10. What are three characteristics of your child that you consider to be strengths?

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11. What are three areas in which you would like to see your child further develop?

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12. Why Solomon Schechter Day School? Please list the three most important things you are looking for in a school.

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13. Is there anything else you would like to share? (Please feel free to use the back of this page.)

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***Please return this application along with the \$50 application fee to Solomon Schechter Day School.***