



MetroWest Jewish Day School, Inc.
29 Upper Joclyn Avenue
Framingham, MA 01701
Telephone: (508) 620-5554
Fax: (508) 620-0945
www.mwjds.org

Application for Admissions

Academic Year 20__ to 20__

General Family Information

Entering Grade: _____ **Date** _____

Child's Full Name _____

Preferred Name _____ Hebrew Name _____

Address _____

Phone _____ Date of Birth _____ Gender _____

Parent/Guardian Information

Parent/Guardian (1) _____ **Parent/Guardian (2)** _____

Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Rabbi ___ Other ___

Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Rabbi ___ Other ___

Home Address (if different) _____

Home Address (if different) _____

City _____ Zip _____

City _____ Zip _____

Home Phone _____

Home Phone _____

Cell phone _____

Cell phone _____

E-mail _____

E-mail _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Work Phone _____

Work Phone _____

Religion _____

Religion _____

Synagogue Affiliation (if applicable) _____

Synagogue Affiliation (if applicable) _____

Primary language spoken at home _____

Primary language spoken at home _____

Name of Applicant: _____



With whom does the applicant live? _____
(Relationship to child)

Who has financial responsibility for applicant? _____

Will you be requesting a financial aid application? Yes No

Siblings

<i>Name</i>	<i>Date of Birth</i>	<i>School</i>	<i>Grade</i>	<i>Gender</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous School Information

Current School	Dates attended	Grades (if applicable)
Address		Phone
Previous School	Dates attended	Grades (if applicable)
Address		Phone

Name of Applicant: _____



Applicant Background

We value the knowledge and understanding you have of your child and thank you in advance for your comments. They will be held in strictest confidence and be used for admissions purposes only. They will not be a part of your child's permanent file.

1. Please describe your child (disposition, special interests, strengths and weaknesses):
2. Are there any special circumstances in your child's medical history, physical growth, family life or emotional development that would be helpful for us to know? Does your child have an Individual Education Plan (IEP)? Yes No If yes, please describe current services.
3. How has your child functioned in a pre-school/academic setting so far?
4. What activities/subject areas in school has your child enjoyed most? Least?
5. What interests you about having your child attend a Jewish day school?
6. To what extent does Judaism play a part in your family's life?
7. Please add additional comments that you feel might be helpful for us to know about your child:
8. How did you learn about MWJDS? _____

As a community Jewish day school, MetroWest Jewish Day School Inc. admits all Jewish children in consultation with our Rabbinic Advisory Va'ad. MetroWest Jewish Day School, Inc. does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission, income scaled tuition program, athletic and other school-administered programs.

Please sign and return this application with a **\$180.00** non-refundable application fee made payable to **MWJDS**.

I/We hereby apply for admission for my/our child to MetroWest Jewish Day School.

Guardian's Signature

Date

Name of Applicant: _____



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Authorization for Release of School Information

I authorize release of information to MetroWest Jewish Day School regarding my child.

Student Name: _____ Date of Birth: _____

School

Address

Contact

- Authorization for release of student records
- Authorization for verbal communication if additional information might be helpful
- Authorization for MWJDS to arrange for classroom observation if additional information might be helpful

Guardian's Signature _____ Date _____