



Founded in 1937 by Rabbi Dr. Joseph B. Soloveitchik, ז"ל

Office of Admissions • 2 Clark Road, Brookline, MA 02445 • www.maimonides.org/admissions
p (617) 232-4452 x409 • f (617) 739-8683 • admissions@maimonides.org

Please Attach
Photo of
Applicant

BASIC APPLICATION STUDENT INFORMATION (ONE PER APPLICANT)

CANDIDATE FOR GRADE _____ Apply for Year _____ Midyear:

Name of Applicant: _____
FIRST MIDDLE LAST

Male Female Hebrew Name: _____ Preferred First Name: _____

Date of Birth (mm-dd-yyyy): _____ Birthplace: _____ Current Grade: _____

(If adopted, please list adoption date) _____ (mm-dd-yyyy)

What language(s) does your child speak fluently? English Hebrew Russian Other: _____

APPLYING FOR EARLY CHILDHOOD CENTER *Student age as of September 1, 2017*

- Core Program
Monday - Friday
8:30 am -1:00 pm
 - 2-year-old (select one option)
 - 3-year old
 - 4-year old
- Early Morning Drop-Off
7:45 - 8:30 am
 - Five days
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
- Afternoon Program
1:00 - 3:45 pm (Monday - Thursday)
1:00 - 2:30pm (Fridays)*
 - Four days
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday*
- Extended Day Program
3:45 - 5:45 pm
 - Four days
 - Monday
 - Tuesday
 - Wednesday
 - Thursday

*The Afternoon Program is open on Fridays from 1:00-2:30 pm only when Maimonides School dismisses at 2:30 pm

PREVIOUS EDUCATION

Please list child's current school first, and up to four most recent schools attended. Applicants to grades K-2 may include day care program(s).

1. Current School Name: _____ Dates Attended: _____

School Address: _____
STREET CITY STATE ZIP

Phone: (____) _____ - _____ Fax (required): (____) _____ - _____

2. School Name: _____ Dates Attended: _____

School Address: _____
STREET CITY STATE ZIP

Phone: (____) _____ - _____ Fax (required): (____) _____ - _____

Maimonides 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, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

FOR OFFICE USE ONLY: DATE REC _____
 APP FEE _____



3. School Name: _____ Dates Attended: _____

School Address: _____
STREET CITY STATE ZIP

Phone: (____) _____ - _____ Fax (required): (____) _____ - _____

4. School Name: _____ Dates Attended: _____

School Address: _____
STREET CITY STATE ZIP

Phone: (____) _____ - _____ Fax (required): (____) _____ - _____

Please briefly describe your child (disposition, special interests, talents, etc.). _____

Please tell us about your child's previous school experiences. _____

Has your child ever attended summer camp or youth programs? If so, which one(s) and when?

Has your child ever received any support services, enrichment, or tutoring? Yes, currently Yes, in the past No
If yes, please describe: _____

Has your child ever received any evaluations (e.g., psychological, educational, speech and language, occupational or physical therapy, behavioral)? Yes No
If yes, please briefly describe and send copies of report(s) to the Admissions Office, Maimonides School, 2 Clark Road, Brookline, MA 02445; Fax: 617-739-8683; Email: Admissions@Maimonides.org

Does your child received any therapy (e.g. psychological, educational, speech, language, occupational, physical, or behavioral) therapy? Yes No If yes, please describe: _____

Are there any specific circumstances or issues, past or present, that will help us understand your child? _____



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PARENT/GUARDIAN INFORMATION

Household 1 — Please enter the information for the primary household in which your child resides.

Home Address: _____
STREET/APT # CITY STATE ZIP

Household Phone: (____) _____ - _____ landline cell

Parent/Guardian #1 Information

Mrs. Ms. Mr. Dr. Rabbi Rabbi Dr. Other: _____ Relationship to Student: _____

Name: _____
LAST FIRST MIDDLE

Preferred First Name: _____ Hebrew Name: _____

Email: _____ Birthplace: _____

Employer: _____ Job Title: _____

Work Address: _____ Work Phone: (____) _____ - _____

Marital Status: _____ *

Parent/Guardian #2 Information

Mrs. Ms. Mr. Dr. Rabbi Rabbi Dr. Other: _____ Relationship to Student: _____

Name: _____
LAST FIRST MIDDLE

Preferred First Name: _____ Hebrew Name: _____

Email: _____ Birthplace: _____

Employer: _____ Job Title: _____

Work Address: _____ Work Phone: (____) _____ - _____

Marital Status: _____ *

If divorced, please indicate who has physical and legal custody of your child.

Physical _____ **Legal** _____

***Note:** If applicant's parents are divorced/separated, the family will be asked to supply a copy of the legal custody arrangements at the time of enrollment. Until and unless Maimonides School receives documentation of legal directives to the contrary, our policy is to send all school communications to both parents.

Household 2 — Please enter the information for the primary household in which your child resides.

Home Address: _____
STREET/APT # CITY STATE ZIP

Household Phone: (____) _____ - _____ landline cell

Parent/Guardian #1 Information

Mrs. Ms. Mr. Dr. Rabbi Rabbi Dr. Other: _____ Relationship to Student: _____

Name: _____
LAST FIRST MIDDLE

Preferred First Name: _____ Hebrew Name: _____

Email: _____ Birthplace: _____

Employer: _____ Job Title: _____

Work Address: _____ Work Phone: (____) _____ - _____

Marital Status: _____ *

Parent/Guardian #2 Information

Mrs. Ms. Mr. Dr. Rabbi Rabbi Dr. Other: _____ Relationship to Student: _____

Name: _____
LAST FIRST MIDDLE

Preferred First Name: _____ Hebrew Name: _____

Email: _____ Birthplace: _____

Employer: _____ Job Title: _____

Work Address: _____ Work Phone: (____) _____ - _____

Marital Status: _____ *

FAMILY INFORMATION

With which synagogue, if any, are you affiliated? _____

Please tell us about your Jewish and general communal affiliations, if any. _____

Has child, either parent or any grandparent converted? Yes No

If yes, please enclose a copy of the certificate(s) of conversion and indicate:

RELATIONSHIP TO STUDENT	NAME	DATE OF CONVERSION			RABBI / BEIT DIN PERFORMING CONVERSION
		MM	DD	YYYY	

GENERAL COMMENTS: Is there anything else you would like to share with us about your family? (Please feel free to attach a separate sheet of paper.)

Please list the following information for your child's **siblings**:

	NAME	DATE OF BIRTH			GENDER (circle)	CURRENT GRADE	CURRENT SCHOOL
		MM	DD	YYYY			
1					F M		
2					F M		
3					F M		
4					F M		
5					F M		

Have you or any other family members ever attended Maimonides? Yes No *If yes, please indicate:*

NAME	MAIDEN NAME	YEAR OF GRADUATION	RELATIONSHIP



I hereby apply for admission of my child to Maimonides School. I certify that the above information is complete and accurate. I understand I am responsible for submitting:

- a copy of my child's birth certificate.
- payment of a \$100 non-refundable application fee per student.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PARENT/GUARDIAN PERMISSION

Student's Name: _____ Current Grade: _____

Name of **Current** School: _____

City, State: _____ School Fax (required): _____

I hereby permit Maimonides School to communicate with my child's current teachers, administration, support staff, and specialists. I also give consent for teachers/administrators from Maimonides School to observe my child in his/her current classroom setting, and request that my child's current school accommodate such observation as needed.

Additional comments (optional):

Parent/Guardian Signature: _____ Date: _____

Please return this completed application by February 1, 2017, along with the other required documents to:
Maimonides School, c/o Office of Admissions, 2 Clark Road, Brookline, MA 02445.



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BASIC APPLICATION

PART III: PARENTAL CONSENT FORM

(ONE PER APPLICANT)

Parents: Please fill out and return this form to Maimonides School, c/o Office of Admissions, 2 Clark Road, Brookline, MA 02445.

PARENT/GUARDIAN PERMISSION

Student's Name: _____ Current Grade: _____

Name of **Current** School: _____

City, State: _____ School Fax (required): _____

I hereby permit Maimonides School to communicate with my child's current teachers, administration, support staff, and specialists. I also give consent for teachers/administrators from Maimonides School to observe my child in his/her current classroom setting, and request that my child's current school accommodate such observation as needed.

Additional comments (optional):

Parent/Guardian Signature: _____ Date: _____

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