



Your community Jewish day school in Boston's South Area committed to multi-age individualized learning & Jewish life.

APPLICANT INFORMATION

For office use only. Date Rec'd. _____
Check _____ Class _____

Last Name _____ First _____ Middle _____ Hebrew _____

Street Address _____ City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Sex _____

Applicant lives with: _____ Who has financial responsibility for the applicant? _____

Address (if different from parents) _____

Do you or does your child speak any language other than English? (If yes, please list.) _____

What is the primary language spoken at home? _____

FAMILY INFORMATION

Mr. Mrs. Ms. Dr. Rabbi Other

Full Name _____

Home Address (if different from student) _____

City _____ State _____ Zip _____

Home Telephone _____ Email _____

Occupation _____ Title _____

Employer's Name _____

Work Address _____

City _____ State _____ Zip _____

Work Telephone _____

Marital Status _____ Religion _____

Synagogue Affiliation _____

Mr. Mrs. Ms. Dr. Rabbi Other

Full Name _____

Home Address (if different from student) _____

City _____ State _____ Zip _____

Home Telephone _____ Email _____

Occupation _____ Title _____

Employer's Name _____

Work Address _____

City _____ State _____ Zip _____

Work Telephone _____

Marital Status _____ Religion _____

Synagogue Affiliation _____



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GRADE ENTERING IN FALL: _____

SCHOOLS ATTENDED BY APPLICANT (INCLUDE DAY CARE AND PRESCHOOL)

Current School	Dates Attended	Address	Phone
Previous School	Dates Attended	Address	Phone

SIBLINGS

Name	Date of Birth	School	Grade
Name	Date of Birth	School	Grade
Name	Date of Birth	School	Grade

GRANDPARENTS

Name(s)	Addresses
Name(s)	Addresses

ALUMNI RELATIVES

Name(s)	Class
Name(s)	Class



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We look forward to getting to know your child and your family. Please answer the following questions (if necessary, continue your answers on a separate piece of paper). The information you provide will only be used for admissions purposes and will not become part of your child's permanent record.

What are some of your child's strengths, interests, special talents and challenges?

Describe the role Judaism plays in the life of your child and in the life of your family.

Why do you think Ner Tamid Community Day School is a good fit for your child and family?

Ner Tamid Community Day School benefits greatly from the interest and expertise of parents in many aspects of school life. In what ways might you like to be involved with the school?



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How did you first learn about Ner Tamid Community Day School?

Personal referral

Name Connection to Ner Tamid Community Day School

- Sibling Attends
- Open House
- Newspaper (please specify) _____
- Synagogue
- Internet Search
- Preschool
- Parent is a SASSDS/KSA alumnus/alumna
- School Fair
- Website
- Flyer/Poster
- Social Media- Facebook/Twitter
- Other: _____

Please sign and return this application with a \$200 non-refundable deposit. Make check payable to Ner Tamid Community Day School. Ner Tamid Community Day School does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission, financial aid program, athletic and other school-administered programs.

I/we hereby apply for admission for my/our child to Ner Tamid Community Day School. The information presented in this application is accurate, complete, and honestly presented. To the best of my/our knowledge, any information submitted on my/our child's behalf is authentic. Any intentionally inaccurate information or misleading information will, if discovered at a later date, be cause for rescission of any offer of admission to or dismissal from the school.

Parent Signature Date

Parent Signature Date