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Please check all that apply:

* Preschool (24-47 months)
* Preschool (36-47 months)
* Preschool (48-59 months)
* Kindergarten - 8
* High School 9 - 12

**Enrollment Application Form**

*2022-2023*

***(Please fill out a separate copy of this page for each child.)***

Name of Child Grade Entering

**Student Information**

Age of Child on August 31, 2021 Date of Birth Place of Birth

Hebrew Name Hebrew Date of Birth

Address

City/State/Zip

Present School Phone Number

**Education History**

Address

Previous Schools From (year) To (year)

(Preschool Only): If this child has participated in a structured group program, please provide:

Name of the Teacher Contact Phone Number

Has your child ever been suspended or dismissed from school, skipped a grade, or repeated a grade? □ No □ Yes If yes, please explain and attach documentation:

Has your child ever received any educational support service, such as resource room support, classroom modifications, or private tutoring?

 □ No □ Yes If yes, please describe and attach documentation.

Has your child ever received any educational, psychological or developmental evaluation?

 □ No □ Yes If yes, please describe and attach documentation.

***(Please fill out a separate copy of this page for each child.)***

Please indicate if the child, mother, and father are Jewish by birth:

**Background Information**

Child □ yes □ no Mother □ yes □ no Father □ yes □ no

If “no” to any of the above, please attach conversion documents.

Does child live with both parents? □ yes □ no

If the child does not live with both parents, please check the appropriate statements:

Parents are: □ Separated □ Divorced Custodial Parent(s)

Mother is: □ Deceased □ Remarried Stepfather’s Name

Father is: □ Deceased □ Remarried Stepmother’s Name

Child lives with Relationship

Person responsible for financial obligations:

Family’s Synagogue Affiliation

Family’s Rabbi

Please describe any medical or physical concerns your child may have experienced in the past or is currently experiencing (i.e. hearing, vision, or speech difficulties; incontinence, motor, balance or other developmental issues, etc.)

**Medical Background Information**

Does your child take any regular medications? □ No □ Yes If yes, which? Reason?

Is there any other concern about which the school should be aware? (including a physical or emotional trauma, family situation, custodial arrangement, social concerns etc.)

 □ No □ Yes If yes, please explain:

**TDS reserves the right to deny student enrollment based on an application that provides incomplete or inaccurate information.**

I certify that the above is complete and accurate to the best of my knowledge.

Signature of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# *(Please complete one copy per family.)*

Child’s Father Home Phone Number

**Family and Contact Information**

Home Address

City/State/Zip

Email Address Cell Phone Number

Occupation Employer

Bus. Address

City/State/Zip

Business Phone Number Fax Number (Home or Business)

Child’s Mother Home Phone Number

Home Address

City/State/Zip

Email Address Cell Phone Number

Occupation Employer

Bus. Address

City/State/Zip

Business Phone Number Fax Number (Home or Business)

How do you prefer to be contacted by the school (non-emergent communiqués):

□ Phone □ Email □ Paper note sent home

 □ Cell Phone

 □ Home Number

 □ Work Number

What information would you like to be listed in the Parent Directory:

□ Home Phone □ Cell Phone □ Work Number □ Email □ Home Address

Please list all other children in family:

Name Age Grade School

In order to keep grandparents of our current students informed about school activities, we would be pleased to send them the school’s newsletter and invitations to special events. Please fill out grandparent information below:

**Grandparent Information**

First Name Last Name Phone Number

Home Address

City/State/Zip

Email Address

First Name Last Name Phone Number

Home Address

City/State/Zip

Email Address

First Name Last Name Phone Number

Home Address

City/State/Zip

Email Address

First Name Last Name Phone Number

**Financial Information**

Home Address

City/State/Zip

Email Address

Does your family have any outstanding tuition obligation to one of the following schools?

 □ Seattle Hebrew Academy □ Jewish Day School of Metropolitan Seattle

 □ Menachem Mendel Seattle Cheder □ Seattle Jewish Community School