



Application for Admission

Nursery — 8th Grade
2020-2021

About the Admissions Process

The first step in the admissions process begins with your submission of an application package, which is followed by a tour for prospective students and parents, as well as an interview and assessment of the applicant with our principals. This will give you the opportunity to see what we can provide your daughter, as well as if your daughter is a good candidate for Shulamith.

You can apply using this admissions packet, or you can complete the application and submit all documentation online at shulamithofbrooklyn.org/admissions.

Admissions Checklist

The following items must be submitted to the Admissions Office by **March 15th, 2020**:

- Completed Application Form
- Recent Photograph of Applicant
- Non-Refundable Application Fee (\$100 for Pre-School / \$200 for Elementary School)
- Copy of Birth Certificate
- IEP or Other Relevant Educational Evaluations and Reports

For students applying for First Grade and up:

- Current Semester Report Card and Report Cards for Two Prior School Years
- Results of Most Recent Standardized Tests
- Signed Transcript/Records Release Form (See page 10)
- Teacher's Recommendation Form (See page 11)

Following the receipt of your application and all supplemental documentation, the student and parent visit will be scheduled. Visits include an on-site tour with parents and a student interview and screening. The Admissions Office will contact you to schedule an appointment.

Application for Admission

Program Information

PRE-SCHOOL DIVISION

☐ Nursery (Child must be turning 3 by December 1st, 2020)

☐ Kindergarten (Child must be turning 4 by December 1st, 2020)

☐ Pre-1A (Child must be turning 5 by December 1st, 2020)

LOWER SCHOOL DIVISION

☐ 1st Grade (Must turn 6 by December 1, 2020)

☐ 2nd Grade (Must turn 7 by December 1, 2020)

☐ 3rd Grade (Must turn 8 by December 1, 2020)

☐ 4th Grade (Must turn 9 by December 1, 2020)

MIDDLE SCHOOL DIVISION

☐ 5th Grade (Must turn 10 by December 1, 2020)

☐ 6th Grade (Must turn 11 by December 1, 2020)

☐ 7th Grade (Must turn 12 by December 1, 2020)

☐ 8th Grade (Must turn 13 by December 1, 2020)

Student Information

First Name: Last Name:

Hebrew Name: Preferred Name:

Date of Birth: Country of Birth:

Address Apt./Suite City State Zip

Living with: ☐ Parents ☐ Mother ☐ Father | Other

Language(s) spoken at home: Child's first language:



Parent Information

FATHER'S INFORMATION

Prefix First Name Last Name Hebrew Name

Address (if different from child's):

Occupation Employer Employer Address

Home Phone Mobile Phone Email

MOTHER'S INFORMATION

Prefix First Name Last Name Hebrew Name

Address (if different from child's):

Occupation Employer Employer Address

Home Phone Mobile Phone Email

Please note that the school often uses email as its primary means of communication.
Please provide us with the emails that you check most frequently.

Preferred number to contact parents: Home Mother's Cell Father's Cell

Are parents separated or divorced? Yes No If yes, who has custody:

If yes, to whom should tuition and financial correspondence be sent:

Is one parent currently living out of state? Yes No If yes, who:



Sibling Information

Sibling Name	Age	School Attending	Current Grades

Does the child have siblings enrolled at Shulamith currently or in the past?

Name of siblings who are a current or past Shulamith student:

Enrollment History

Student's Current School/Program:

Principal:

School's Address:

School's Phone Number:

Please list all schools previously attended including Day Care/Preschool:

School Name	City	Dates Attended	Phone Number

Please list all camps/programs previously attended:

Camp/Program Name	City	Dates Attended	Phone Number

Has your child ever been asked to withdraw from a school or camp program? ☐ Yes ☐ No

If yes, please explain:

Has your child ever skipped or repeated a grade? ☐ Repeated ☐ Skipped ☐ No

If yes, what grade level was repeated or skipped:

How did you hear about us?

How did you hear about our school?

☐ Friend — Name: ☐ Facebook ☐ Internet
☐ Relative — Name: ☐ Website

Please indicate why you are interested in applying for admission to Shulamith. Why is your child a good candidate for our program?

Synagogue Affiliation

Synagogue Name:

Rabbi's Name:

Rabbi's Phone Number:

Rabbi's Email Address:

Important to Know

Is there any medical information about your child that is important for the school to know?

☐ Yes ☐ No | If yes, please explain:

Is there any special family circumstance (move, divorce, illness, loss)?

☐ Yes ☐ No | If yes, please explain:

Are there any academic or learning accommodations that your child may need?

☐ Yes ☐ No | If yes, please explain:

Please list any form of professional therapy or counseling services which your child may have received. (This information is strictly confidential and will not be shared with any other individuals or organizations without your knowledge and consent. Please understand that this information is essential to our overall understanding of your daughter so that we will be able to provide her with the most meaningful and quality education possible.)

Type of Therapy: | ☐ Current ☐ Terminated

Reason for service:

Type of Therapy: | ☐ Current ☐ Terminated

Reason for service:

More About You & Your Daughter

Briefly describe your daughter's personality, interests, and abilities:

As parents, what are your educational expectations of Shulamith?

How would you describe your daughter's present school experience?

We strongly encourage parental involvement at Shulamith. In what ways might you be able to share your time, talent, or resources with our school?

Parent Signature

Tuition assistance is available to qualifying families of students applying to Pre-School through Grade 8. Do you wish to receive information about the Tuition Assistance program?

☐

Yes

☐

No

To the best of my knowledge, the information I have provided in this application is true and complete. I understand that omission of (or inaccurate) information may be grounds for dismissal if student has been accepted.

Signature of Parent/Guardian:

Date:

Please return the completed application form, including a non-refundable application fee of \$200 for an Elementary School applicant (1st - 8th grade) or \$100 for a Pre-School applicant (Nursery, Kindergarten and Pre-1A) made payable to Shulamith of Brooklyn, by March 15th, 2020 to:

Shulamith School for Girls of Brooklyn
60 West End Avenue
Brooklyn, NY 11235

FOR OFFICE USE ONLY

<input type="checkbox"/>	\$100 Pre-School Fee	<input type="checkbox"/>	\$200 ES Fee	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Check	Date	<input type="text"/>
<input type="checkbox"/>	Teacher Recommendation							Date	<input type="text"/>
<input type="checkbox"/>	Transcripts & Records							Date	<input type="text"/>

Transcript Request

FOR NEW STUDENTS APPLYING FOR GRADES 1-8

To parent: Please complete this cover letter and submit to the applicant's current or last attended school so that they can then forward transcript information and recommendations to our office.

I hereby give permission for:

Name of Current School

Street Address

City, State, and Zip Code

To release all records pertaining to:

Student's Name

Records should include:

- Current semester report card
- Report Cards for 2nd grade and up
- Results of most recent standardized tests
- IEP or other relevant educational evaluations/reports
- Record of any disciplinary actions or behavior modification plans
- Teacher Recommendation Form (see attached)

And forward those records to:

Shulamith School for Girls of Brooklyn
ATTN: Admissions Office
60 West End Avenue, Fifth Floor
Brooklyn, NY 11235
718-338-4000
admissions@shulamithofbrooklyn.org

Parent Signature

Date

Teacher Recommendation

FOR NEW STUDENTS APPLYING FOR GRADES 1-8

FOR PARENT TO COMPLETE

Name of Student

Current Grade

Parent/Guardian Name

Parent Phone #

TO TEACHER: Thank you for taking the time to complete this recommendation form. Please be candid about this student's abilities and performance in your classroom. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing, and developing. This form is only one piece of the student's profile in her application process. All information is confidential and will only be used for the admissions process. When complete, please return this form in a sealed envelope, placing your signature on the seal line to ensure confidentiality. We appreciate your help in sharing your experience about the applicant.

Teacher Name

School

Position

Date Form Was Completed

Phone Number

Email Address

Hours You Are Available

Preferred Method of Contact

Teacher Recommendation

1. How long and in what capacity have you known the student?

2. How would you describe the students' overall personality?

3. Please describe the students' strengths:

4. Please describe areas in need of further development:

5. Please describe the student's performance in these areas:

Social and Peer Relationships

<input type="checkbox"/>	Age-appropriate	<input type="checkbox"/>	Area of concern Explain:	<input type="text"/>
--------------------------	-----------------	--------------------------	----------------------------	----------------------

Behavior/Maturity

<input type="checkbox"/>	Age-appropriate	<input type="checkbox"/>	Area of concern Explain:	<input type="text"/>
--------------------------	-----------------	--------------------------	----------------------------	----------------------

Ability to keep with the class and transition between activities:

<input type="checkbox"/>	Age-appropriate	<input type="checkbox"/>	Area of concern Explain:	<input type="text"/>
--------------------------	-----------------	--------------------------	----------------------------	----------------------



SHULAMITH OF BROOKLYN
SCHOOL FOR GIRLS

Academic abilities:

☐ Advanced ☐ Age-appropriate ☐ Area of concern

Explain:

Ability to pay attention, listen, and follow directions:

☐ Age-appropriate ☐ Area of concern | Explain:

Emotional Development (Self-image, confidence, ability to deal with frustration)

☐ Age-appropriate ☐ Area of concern | Explain:

Language and Communication Skills:

☐ Advanced ☐ Age-appropriate ☐ Area of concern

Explain:

Independence, Self-Care, and Organization

☐ Age-appropriate ☐ Area of concern | Explain:

6. Student's school attendance is: ☐ Regular ☐ Not Regular

7. Are you aware of any independent evaluations or service being provided for physical, emotional or academic reasons regarding this student? ☐ Yes ☐ No ☐ Don't Know

Are there any evaluations or services that you feel should be provided due to physical, emotional, or academic concerns regarding this student? ☐ Yes ☐ No ☐ Don't Know

Does this student receive any special accommodations? ☐ Yes ☐ No ☐ Don't Know

If yes, explain:

8. Please describe level of parent involvement, cooperation, communication, etc.:

9. Are you aware of any special family or health circumstances relevant to this student?

Please return the completed recommendation form in a sealed envelope, placing your signature on the seal line to ensure confidentiality, by March 15th, 2020 to:

Shulamith School for Girls of Brooklyn
ATTN: Admissions Office
60 West End Avenue, Fifth Floor
Brooklyn, NY 11235
718-338-4000