

Application for Admission K-6

Solomon Schechter Academy
660 Ocean Avenue, New London, CT 06320
Phone: 860-443-5589 Fax: 860-437-1489

Student Information

Student Name _____ Date of Application _____
Date of Birth _____
Hebrew Name _____
Home Address _____
City, State, Zip Code _____
Home Phone _____
Previous School Attended _____
Previous Teacher _____
Sibling Names & Ages _____

Parent Information

Father	Mother
Name _____	Name _____
Hebrew Name _____	Hebrew Name _____
Home Address _____	Home Address _____
Home Phone _____	Home Phone _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
E-mail Address _____	E-mail Address _____
Cell Phone _____	Cell Phone _____

Parent's Marital Status: Married Separated Divorced Widowed

If separated or divorced, Legal Guardian _____

Student History

Does your child have any special problems or abilities of which the school should be aware?

Has your child received any educationally related evaluations and/or services (i.e. - psychological, neurological, developmental or therapeutic evaluations: special education, physical therapy, occupational therapy, speech and language therapy)? Please attach additional sheet if necessary.

Please give a brief characterization of your child's strengths, weaknesses, fears, social relationships, interests etc. Please include any significant academic, emotional, or medical needs. Please attach additional sheet if necessary.

Synagogue
Affiliation(s) _____

Signature of Parent or Guardian _____ Date _____

Application Fee: Please enclose a check or money order for \$50.00
Payable to: Solomon Schechter Academy