



Mailing Address: 100 Ames Street, Sharon, MA 02067
Admissions Office: (781) 784-8724, ext. 256 admissions@striarhebrew.org

ELEMENTARY SCHOOL APPLICATION FOR ADMISSION 2010-11

Child's Name (Last) (First) (Middle) (Hebrew)

Age (as of September 1, 2010) Date of Birth Hebrew DOB, if known

GRADE APPLYING FOR:

First Grade Second Grade Third Grade Fourth Grade Fifth Grade Sixth Grade

A copy of your child's birth certificate and current medical records must be on file to complete your child's application.

If transferring from a different school, please provide previous school's name, address, and phone number:

- If your child is transferring to SHAS from a different school, check the box to receive a Transfer of Records form.
If your child has had an educational screening or early intervention services prior to this school year, attach a copy of the testing information, so that we can properly assess your child's needs. This information is kept strictly confidential.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian A Relationship to applicant

Home Address

Home Phone Cell Phone E-mail

Occupation/Employer

Parent/Guardian B Relationship to applicant

Home Address

Home Phone Cell Phone E-mail

Occupation/Employer

Synagogue/ Rabbi affiliation

Is the child adopted? Name of Adoption Agency

Was mother born to a Jewish mother? Was father born to a Jewish mother?

Has mother/father/child been converted to Judaism? Name of Rabbi/Beit Din officiating at the conversion?

Parents are: Divorced Separated Widowed

Mother Remarried, to whom? Father Remarried, to whom?

Child lives with? Parent/Guardian A Parent/Guardian B Both Parent/Guardian A and B

ENCLOSED IS NON-REFUNDABLE REGISTRATION FEE OF \$500 (\$100 discount if registered by January 15, 2010). I hereby certify that the information given on this form is complete and accurate.

(Date) (Signature of Parent or Guardian)

Tuition Assistance applications are available in the business office and online, and are due March 15, 2010. Tuition assistance is not available for Extra Programs. Please indicate if you will be applying for tuition assistance (Y/N)

OFFICE USE ONLY: Date Received: Amount Received: By Whom: