

APPLICATION FOR ADMISSION: 2010/2011 SCHOOL YEAR



PARDES JEWISH DAY SCHOOL
ATTN: OFFICE OF ADMISSIONS
 3916 E. Paradise Lane
 Phoenix, AZ 85032
 (480) 991-9141 Fax (480) 991-9405

Insert a recent 2x2
 photograph of
 the student.

Please complete the application with a **\$100 application fee** payable to Pardes Jewish Day School

Applicant's Full Name - First Middle Last Name by which student is called

Preferred Home Address for Applicant Male Female
(please circle)

City State Zip Home Phone Cell Phone

Birth Date Age Grade to Enter 2010 -2011 U.S. Citizen?

Present School School Address / Phone

Full Name (Parent / Guardian) Father / Mother / Guardian (please circle) Married Separated Divorced Single Domestic Partner Guardian Widowed	Full Name (Parent/Guardian) Father / Mother / Guardian (please circle) Married Separated Divorced Single Domestic Partner Guardian Widowed
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College(s) Attended U.S. Citizen?	College(s) Attended U.S. Citizen?
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Home Address / if different from above Phone	Home Address / if different from above Phone
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City State Zip	City State Zip
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Occupation and Title	Occupation and Title
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Name of Employer	Name of Employer
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Full Business Address	Full Business Address
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Work P hone Cell Phone	Work Phone Cell Phone
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Email Address (work or home?) Please provide information about other adults involved in parenting who should receive admissions material. (i.e. grandparents, aunts, uncle, etc.)	Email Address (work or home?) Please provide information about other adults involved in parenting who should receive admissions material. (i.e. grandparents, aunts, uncles, etc.)
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Full Name Relationship to Student	Full Name Relationship to Student
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Home Address Phone	Home Address Phone
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Name of Employer Occupation Title	Name of Employer Occupation Title
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Number of children in family (not including applicant) _____ Please indicate if any of the children listed below are applying to PJDS Y N

Name _____ DOB _____ Gender _____ Grade _____ School Attending _____

Name _____ DOB _____ Gender _____ Grade _____ School Attending _____

How did you hear about Pardes Jewish Day School? _____

(Over)

Temple Membership:

Are you currently a member of Temple Beth Israel, Chai, Gan Elohim, Emanuel of Tempe, Kol Ami, Solel, New Shul, Beth El or Har Zion ?
__yes __no (if yes, circle one)

Are you a member of any other Temple? ____yes ____no Name of Temple _____

To enable us to know you and your child better, please complete each of the following questions.

What are your educational goals for your child? How do you see Pardes Jewish Day School facilitating those goals? _____

What are your child's interests (arts, athletics, hobbies) or special talents? _____

Describe your child's social/emotional development and behavior at home and at school. _____

Describe your child's academic strengths/weaknesses in the present school. _____

If your child has completed psychological/ability testing in the past year, please describe and provide copies of evaluation results. This would include tests such as WISC, WPPSI, McCarthy, Stanford-Binet, PSAT or SAT.

Are you aware of any areas in which we may be able to give special help and encouragement to your child? Is your child receiving special services in the current school or special tutoring?

Please list your Public School District _____

Signature of Parent or Guardian

Date

Parents of applicants are advised to submit this application as soon as possible. A waiting list will be established once the maximum number of students in each grade is reached.

FINANCIAL AID:

We encourage families to apply on a timely basis for financial aid that is available from the Jewish Tuition Organization. Please contact our Director of Admissions at 480-991-9141 ext. 503 for application materials. Are you interested? yes__no__

Please complete the application with a non-refundable \$100 application fee* payable to: Pardes Jewish Day School

Return to the Office of Admissions:

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