בית ספר
ע"ש ש. ז. שכטר

Solomon Schechter Day School of Raritan Valley
511 Ryders Lane, East Brunswick, NJ 08816
Telephone - 732-238-7971
Fax - 732 238-7531
www.ssdsrv.org

APPLICATION FOR ADMISSION

ACADEMIC YEAR 2010-2011/5770-5771

STUDENT INFORMATION

Name_____

Hebrew Name_____

Date of Birth_____ Place of Birth_____

_____Male _____Female Applying For Grade _____

Student is Jewish by: birth ___ conversion ___ (a copy of conversion certificate must be submitted)

SCHOOL INFORMATION

Current School/Program_____

Address_____

Current Grade _____ School Telephone Number_____

Schools/Programs Previously Attended	Dates Attended
_____	_____
_____	_____
_____	_____

Camps/Summer Programs Attended	Dates Attended
_____	_____
_____	_____

FAMILY INFORMATION

Parent/Guardian - Name and Title

_____

Relationship to Student _____

Jewish __Yes __No

Hebrew Name_____

Home Address

_____

_____

_____

Graduate of SSDS __Yes __No

Phone (Home)_____

Phone (Cell)_____

E-Mail_____

Occupation_____

Employer_____

Parent/Guardian - Name and Title

_____

Relationship to Student _____

Jewish __Yes __No

(If converted, please provide a copy of conversion certificate)

Hebrew Name_____

Home Address (If Different)

_____

_____

_____

Graduate of SSDS __Yes __No

Phone (Home)_____

Phone (Cell)_____

E-Mail_____

Occupation_____

Employer_____

Are both biological parents living? __Yes __No

Parents are: __Married __Separated __Divorced

Father Remarried __Yes __No

Name of Stepparent _____

Mother Remarried __Yes __No

Name of Stepparent _____

Student is currently residing with: __Both Parents __Mother __Father

If parents are divorced or separated, to whom should admissions correspondence be sent?

_____

OTHER CHILDREN IN THE FAMILY

Name	Age	Current School/Program

SYNAGOGUE MEMBERSHIP

Name(s) of Synagogue(s)_____

Address _____

Phone Number(s)_____

Name(s) of Rabbi(s)_____

Parent's/Guardian's Signature_____

Date_____

Parent's/Guardian's Signature_____

Date_____

Please enclose a non-refundable $100 application fee payable to SSDSRV.

Tuition Assistance is awarded on the basis of need.
Do you wish to apply for Tuition Assistance? ___ yes ___ no

Please
Attach
Photo

(optional)

FOR INFORMATION, PLEASE CONTACT:
ADMISSIONS OFFICE
RUTH BASH, ADMISSIONS DIRECTOR
732 238-7971 - extension 158
BASHR@SSDSRV.ORG

Solomon Schechter
Day School of Raritan Valley

Solomon Schechter Day School of Raritan Valley admits Jewish students of any race, color, national and ethnic origin and they are entitled to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, tuition assistance and other school administered programs.