

Student Application for Admission

Please Attach Photo
(Optional)

ACADEMIC YEAR _____

GRADE _____

NAME OF STUDENT _____
LAST FIRST MIDDLE HEBREW

ADDRESS _____
NUMBER STREET

CITY, STATE, ZIP CODE

PHONE _____ EMAIL

BIRTHDATE _____

Please attach copy of birth certificate (proof of birthdate required).

KRIEGER SCHECHTER DAY SCHOOL
CHIZUK AMUNO CONGREGATION
Jean and Allan Berman School Building
8100 Stevenson Road, Baltimore, Maryland 21208
410-486-8640 Fax 410-486-4050 www.ksds.edu

Family Information

PLEASE PRINT

FATHER HEBREW NAME

MOTHER HEBREW NAME

FATHER'S RELIGION

MOTHER'S RELIGION

LIVING DECEASED

LIVING DECEASED

HOME ADDRESS

HOME ADDRESS

HOME PHONE BUSINESS PHONE CELL PHONE

HOME PHONE BUSINESS PHONE CELL PHONE

EMPLOYER

EMPLOYER

BUSINESS ADDRESS

BUSINESS ADDRESS

OCCUPATION

OCCUPATION

PATERNAL GRANDPARENTS' NAMES

MATERNAL GRANDPARENTS' NAMES

PATERNAL GRANDPARENTS' ADDRESS

MATERNAL GRANDPARENTS' ADDRESS

If either parent attended a Baltimore area private school, please indicate name of the school: _____

Congregational affiliation _____

Other communal affiliations _____

Please list other siblings in family. Indicate if there are children living away from home (college, army, married, etc.).

NAME DATE OF BIRTH SCHOOL

NAME DATE OF BIRTH SCHOOL

NAME DATE OF BIRTH SCHOOL

For Office Use Only

In case of separation or divorce, please answer the following:

Are parents separated? _____ Divorced? _____ Who is (are) the legal guardian(s)? _____

With whom does the child live? _____

If either parent is remarried, please answer the following:

Spouse's full name _____

Occupation/Employer _____

ADDRESS

PHONE

Educational Background of Child

Previous School _____ Phone _____

Address _____
NUMBER STREET CITY, STATE, ZIP CODE

Person to contact for records _____

Please indicate your reasons for choosing Krieger Schechter Day School for your child. _____

If your child has been provided with private lessons in any area, such as art, music, sports, etc., please give details (years of lessons, level of achievement, etc.). _____

If your child has special characteristics about which you feel the School should be aware, please describe briefly (special talents, unique problems, etc.). _____

How did you hear about Krieger Schechter? (Friends, Relatives, Advertisement, etc.) _____

To which other independent school(s) have you applied? _____

Financial Information

There is a testing fee of \$150.00 and an application fee of \$50.00.

Both fees must be included with this application in order for processing to begin at once.

The registration fee is only refundable if your child is not accepted into the Krieger Schechter Day School.

The testing fee is not refundable.

Fee Enclosed _____

Places are engaged for the entire school year. No reduction of the year's fees will be made because of absence, withdrawal or dismissal.

The School reserves the right to suspend or to dismiss any student whose progress or conduct is not satisfactory.

DATE OF APPLICATION

SIGNATURE OF PARENT OR GUARDIAN

Admission Policy

NON-DISCRIMINATORY STATEMENT

The Krieger Schechter Day School admits students of any race, color, national and ethnic origin 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 sex, race, color, and national origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administrated programs in employment of faculty and administrative staff.