



MetroWest Jewish Day School, Inc.

Application for Admissions

Academic Year 20__ - 20__

General Family Information

Entering Grade _____

Date _____

Applicant's Full Name		
Preferred Name	Hebrew Name	
Address		
Home Phone	Date of Birth	Gender
Previous School Information		
Current School		
Dates Attended	Grades (if applicable)	
Previous School		
Dates Attended	Grades (if applicable)	

Parent/Guardian Information

Parent/Guardian (1) Mr. __ Mrs. __Ms.__ Dr.__ Other__	Parent/Guardian(2) Mr. __ Mrs. __Ms.__ Dr.__ Other__
Home Address (if different)	Home Address (if different)
City Zip	City Zip
Home Phone	Home Phone
Cell phone	Cell phone
E-mail	E-mail
Employer	Employer
Occupation	Occupation
Work phone	Work phone
Religion	Religion
Synagogue membership (name)	Synagogue membership (name)
Primary language spoken at home	Primary language spoken at home



MetroWest Jewish Day School, Inc.
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Name of Applicant

With whom does the applicant reside?	Relationship to child
Who has financial responsibility for applicant?	
Will you be requesting a financial aid application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Siblings

Name	Date of Birth	School	Grade	Gender

Grandparents

Name
Address
Name
Address



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Name of Applicant

Applicant Background

We value the knowledge and understanding you have of your child and thank you in advance for your comments. They will be held in strictest confidence and be used for admissions purposes only.

1. Please describe your child (disposition, special interests, strengths and weaknesses)
2. Are there any special circumstances in your child's medical history, physical growth, family life or emotional development that would be helpful for us to know? Does your child have an Individual Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe current services.
3. How has your child functioned in a pre-school/academic setting?
4. What activities/subject areas in school has your child enjoyed most? Least?
5. What interests you about having your child attend a Jewish day school?
6. To what extent does Judaism play a part in your family's life?
7. Please add comments on back if you feel they might be helpful for us to know about your child.
8. How did you learn about MWJDS?

As a community Jewish day school, MetroWest Jewish Day School Inc. admits all Jewish children in consultation with our Rabbinic Advisory Va'ad. MetroWest Jewish Day School, Inc. does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission, incomescaled tuition program, athletic and other school-administered programs.

Please sign and return this application with a \$180.00 non-refundable application fee made payable to MWJDS.			
I/We hereby apply for admission for my/our child to MetroWest Jewish Day School.			
Parent/Guardian's Signature	Date	Parent/Guardian's Signature	Date



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 Academic Year 20__ - 20__

Name of Applicant

Authorization for Release of School Information

I authorize release of information to MetroWest Jewish Day School, Inc. regarding my child.

Student's Full Name	Date of Birth
School	Phone Number
Address	
Contact	

- Authorization for release of student records, reports, standardized testing and psychoeducational evaluations
- Authorization for verbal communication
- Authorization for MWJDS to arrange for classroom observation
- Recommendation from at least one teacher and/or administrator at current school

I authorize release of information to MetroWest Jewish Day School, Inc. regarding my child.			
Parent/Guardian's Signature	Date	Parent/Guardian's Signature	Date



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Name of Applicant

Tuition Refund Policy

MWJDS hires teachers and purchases curricular materials based upon student enrollment. After a student enrolls in the school and first tuition installment is paid, a family is responsible for the full assessed tuition. Tuition will be waived and refunds will be granted only on the following basis:

- If a student withdraws before the first day of class, 75% of the assessed tuition will be waived and a refund will be issued if monies are due to the family.
- If a student withdraws after the first day of school, but before school has been open for one month, 50% of the assessed tuition will be waived and a refund will be issued if monies are due to the family.
- If a student withdraws after the first month of school, the full-assessed tuition will be due.

For any additional information, please contact the MWJDS admissions office.

I/We hereby understand and agree to the Tuition Refund Policy terms above.			
Parent/Guardian's Signature	Date	Parent/Guardian's Signature	Date