



Student Name _____

PARENT'S APPLICATION

STUDENT

| | | | |
|------------------------|-------------|----------------------|---------------|
| First Name | Middle Name | Last Name | Date of Birth |
| Hebrew Name | | Hebrew Date of Birth | |
| Social Security Number | | | |

FATHER

Mr. Dr. Rabbi Other (please specify)

| | |
|----------------------------------------------------------------------------------------------------|-------------|
| First Name | Middle Name |
| Last Name | |
| Home Address | |
| City | State |
| Zip Code | Country |
| Home Phone | |
| Home Fax | |
| Mobile Phone | |
| Email | |
| Company Name | |
| Title | |
| Work Address | |
| City | State |
| Zip Code | Country |
| Work Phone | |
| Work Fax | |
| Shul Affiliation | |
| Student's relation to the father <input type="radio"/> Natural child <input type="radio"/> Adopted | |

MOTHER

Mrs. Ms. Dr. Other (please specify)

| | |
|----------------------------------------------------------------------------------------------------|-------------|
| First Name | Middle Name |
| Last Name | |
| Home Address | |
| City | State |
| Zip Code | Country |
| Home Phone | |
| Home Fax | |
| Mobile Phone | |
| Email | |
| Company Name | |
| Title | |
| Work Address | |
| City | State |
| Zip Code | Country |
| Work Phone | |
| Work Fax | |
| Shul Affiliation | |
| Student's relation to the mother <input type="radio"/> Natural child <input type="radio"/> Adopted | |

FAMILY

| | | | | | |
|----------------------------------------------------------------|-------------------------------|---------------------------------|--------------------------------|----------------------------------------------|---------------------------------------|
| Parent's marital status | <input type="radio"/> Married | <input type="radio"/> Separated | <input type="radio"/> Divorced | <input type="radio"/> Father deceased | <input type="radio"/> Mother deceased |
| If parents are divorced, who has legal custody of the student? | <input type="radio"/> Joint | <input type="radio"/> Mother | <input type="radio"/> Father | <input type="radio"/> Other (please specify) | |
| Has there been a conversion in the family? | <input type="radio"/> Married | <input type="radio"/> Separated | | | |

SIBLINGS*

| | | |
|------|-------|--------|
| Name | Grade | School |
| Name | Grade | School |
| Name | Grade | School |
| Name | Grade | School |
| Name | Grade | School |
| Name | Grade | School |
| Name | Grade | School |

*Please attach another sheet if there is not enough space here to list all siblings.



Student Name _____

PARENT'S APPLICATION (continued)

BNOS CHOMESH ACADEMY

ACADEMIC HISTORY

What grade will you daughter have completed at the end of the current year?

Were you satisfied with your daughter's academic performance? Yes No (please specify)

Was your daughter satisfied with her academic performance? Yes No (please specify)

In general, does your daughter seem to enjoy school? Yes No

What subjects does your daughter like best?

In what subject does your daughter achieve her best grades?

Does your daughter need any particular accommodation in the classroom? (e.g. sit closer to the front, have oral tests, etc.)

Has your daughter ever been educationally evaluated? No Yes (please attach any relevant results and recommendations)

Has your daughter ever been diagnosed with a learning disability? No Yes (please specify)

Has your daughter ever been diagnosed with an attentional problem? No Yes (please describe how it affects her classroom learning)

Do you have an specific concerns about your daughter's education?

In what languages is your daughter fluent? English Hebrew Yiddish Other (please specify)

Does your daughter read for enjoyment (non-school related material)? Yes No

Is your daughter computer literate? Yes No

Why have you decided that Bnos Chomesh is the right school for your daughter?

Please describe your daughters special talents, interests, achievements, and anything else you would like us to know about her

Please list three values you hope your child will learn at Bnos Chomesh

1) _____ 2) _____ 3) _____

Briefly describe your goals for your daughter

SPECIAL CIRCUMSTANCES

Is your daughter currently receiving any support services? No Yes (please specify, attach IEP if she is receiving district services)

Please specify any relevant information concerning your daughter's circumstances (physical or emotional development, family life, custodial arrangements, etc)

X

Parent's Signature _____

Date _____



Student Name

BNOS CHOMESH ACADEMY

REGISTRATION CHECK-LIST

To initiate the registration process to Bnos Chomesh for the 5771 (2010-2011) academic year, please make sure to submit all the following items:

- Completed parent's application (pages 1 & 2)
- Completed student's application (page 3)
- A letter of recommendation from a teacher
- A letter of recommendation from a family friend
- Previous high school transcripts.
- Any current educational evaluations (IEP's or other)
- Any relevant supporting documents (if required)
- \$200 NON-REFUNDABLE application fee (will be deducted from tuition if student is accepted)

Please mail completed registration packet to:

Bnos Chomesh
c/o Mrs. Dena Gorkin
1490 Union Street
Brooklyn, NY 11213

To expedite the application process, you may also email the documents to bnoschomesh@gmail.com or fax to 206-339-4765