



**Rabbi Arthur Schneier Park East Day School**

164 East 68<sup>th</sup> Street

New York, NY 10065

OPTIONAL  
Please attach a  
photograph of the  
applicant to aid our  
memory as we  
progress through the  
admissions year.

## TASTE OF SCHOOL

Applying for: \_\_\_\_\_ Program \_\_\_\_\_ Academic Year

Student's Name: \_\_\_\_\_  
 Male  Female

Hebrew Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

Student's Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

If foreign born, date of arrival in the USA \_\_\_\_\_ U.S. Citizen  Yes  No

If your child was adopted, the conversion was performed by:

Rabbi \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

From whom did you obtain information concerning Rabbi Arthur Schneier Park East Day School?

\_\_\_\_\_  
\_\_\_\_\_

Application For Admission

**FAMILY INFORMATION**

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
English Name		
Hebrew Name		
Relationship to Student		
Home Address		
Home Telephone		
Work Telephone		
Cell Telephone		
E-mail		
Occupation		
Business Name		
Business Address		
Education, Degrees, Dates		
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Birth		
Language(s) spoken at home		
Synagogue Affiliation		
Rabbi's Name		
Converted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Converted by Rabbi		
Date of Conversion		

Parent(s) Marital Status:  Married     Separated     Divorced     Single

Are both biological parents living?     Yes     No

If parents are separated or divorced, who is the legal guardian?     Mother     Father

Father Remarried     Yes     No

Mother Remarried     Yes     No

Name of Stepparent \_\_\_\_\_

Name of Stepparent \_\_\_\_\_

Any relevant document about custody or responsibility for school tuition should be made available to school.

**SIBLING INFORMATION**

Sibling Name	Date of Birth	School	Grade

**GRANDPARENT INFORMATION**

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Name(s)		
Address		
City, State, Zip		
Home Telephone		

**ADDITIONAL REQUIRED INFORMATION**

Has applicant had any prior evaluations?     Yes         No  
 Educational         Speech/language     Psychological         Other

Who did the evaluation? \_\_\_\_\_  
\_\_\_\_\_

Return the completed application with the non-refundable application fee to the Admissions Office. Make checks payable to Rabbi Arthur Schneier Park East Day School.

Application Fee:                      \$50.00

Parent/Guardian 1 Signature \_\_\_\_\_

Parent/Guardian 2 Name (Printed).....

Parent/Guardian 2 Signature .....

Parent/Guardian 2 Name(Printed) .....

Date.....

Send this application to:              Rabbi Arthur Schneier Park East Day School  
Office of Admissions  
164 East 68<sup>th</sup> Street  
New York, NY 10065  
Tel:    212-737-7330  
Fax:    212-639-1568



# Application Check List

## TASTE OF SCHOOL

Please review this check list.

### HAVE YOU DONE THE FOLLOWING?

- Typed/printed and completed **all** sections of the application?
- Attached a recent photograph (optional)?
- Included a copy of the applicant's birth certificate?
- Included the application fee of **\$50.00**?

Office of Admissions  
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