



APPLICATION FOR ADMISSION

APPLICATION REQUIREMENTS

- Introductory meeting between both parents, Head of School, and appropriate division heads
- Completed Application Form
- Recent Photograph
- Early Childhood Parent Assessment (Early Childhood applicants only)
- Principal Evaluation Form (applicants entering Grades 1 – 8)
- Most Recent Report Card (applicants entering Grades 1 - 8)
- Non-refundable \$50 application fee (payable to Politz Day School of Cherry Hill)
- Current IEP or Psychoeducational Assessment (for students with an identified need)
- Individual Student Visit (applicants entering Grades K – 8)
Students are scheduled for an individual visit to Politz, during which they are evaluated for grade level readiness in Judaic and General Studies. This visit takes approximately one hour.

Applications received after March 15 will be considered on a space-available basis.

ALL FORMS SHOULD BE SENT TO:

Politz Day School Office of Admissions

720 Cooper Landing Road · Cherry Hill, NJ 08002

www.politz.org · admissions@politz.org

856-667-1013 Phone · 856-667-2010 Fax

APPLICANT INFORMATION

PLEASE PLACE PHOTO HERE

Day School Applicants:

Applying for admission to Grade K 1 2 3 4
 5 6 7 8 for the 20____ - 20 ____ School Year

Early Childhood Applicants:

- Two-Year Program (*child must be two by Oct. 1*)
- Three-Year Program (*child must be three by Oct. 1*)
- Pre-Kindergarten (*child must be four by Oct. 1*)

Last Name	First Name	Middle Name
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Date of Birth	Hebrew Name	Gender
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Street Address	City	State	Zip Code
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Home Phone

Birthplace	Years in the U.S.	Language(s) Spoken at Home
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Applicant Lives with: Parents Mother Father Other _____

Applicant's Current School	Current Grade	Head of School / Principal
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Current School Address	City	State	Zip Code
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Current School Phone: _____ Check if: Public Private

PARENT INFORMATION

Parent 1

Title: Mr. Mrs. Ms. Dr. Rabbi

Relationship: Father Stepfather
 Mother Stepmother
 Other _____

Home Address

City State Zip Code

Home Phone Cell Phone

Email Address

Nation of Birth Birthdate

Occupation Job Title

Business Phone

Parents' Marital Status: Married Single Divorced Separated
 Widowed Domestic Partner Other _____

Parent 2

Title: Mr. Mrs. Ms. Dr. Rabbi

Relationship: Father Stepfather
 Mother Stepmother
 Other _____

Home Address

City State Zip Code

Home Phone Cell Phone

Email Address

Nation of Birth Birthdate

Occupation Job Title

Business Phone

FAMILY INFORMATION

Please check any of the following that apply: Child Adopted Non-Jewish Mother
 Non-Jewish Father Mother Converted Father Converted Child Converted

Please attach all conversion documentation if applicable (*will remain confidential*).

Conversion Date

Converted by Whom

How did you hear about Politz Day School? _____

Current Synagogue Affiliation

Rabbi's Name

Please describe any family circumstances or personal concerns of which Politz should be aware. _____

Will you be applying for tuition assistance? Yes No

Please list applicant's siblings:

Name: _____ DOB: _____ M F Current School & Grade: _____

Name: _____ DOB: _____ M F Current School & Grade: _____

Name: _____ DOB: _____ M F Current School & Grade: _____

Name: _____ DOB: _____ M F Current School & Grade: _____

EDUCATIONAL INFORMATION

Does the applicant have an IEP or a Psychoeducational Assessment? No Yes (please attach)

If yes, please describe any special education services your child receives. _____

Did / does your child receive Early Intervention services? No Yes

If yes, please describe. _____

Does your child require any personal or academic support at home or at school (tutoring, counseling, medical, etc.)? No Yes If yes, please describe. _____

Does your child have any physical and / or emotional impairment of which the school should be aware?

No Yes If yes, please describe. _____

We welcome any additional comments you might like to make about your child. A parental perspective helps us get to know each applicant more completely. _____

Please describe any special circumstances that may have affected the applicant's school experience in the past or may do so in the future. _____

PREVIOUS SCHOOLS ATTENDED *(please list most recent first)*

School	City and State	Dates of Attendance
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Please list any other schools to which you are applying. _____

MEDIA / INFORMATION RELEASE

I grant permission for photos and videos of my child to be taken and used for both internal and external publicity purposes. Yes No

APPLICATION GUIDELINES

Parents of applicants are advised to submit this application as soon as possible, as space is limited. Applications will not be processed until they are fully complete, with signature of parents or guardians, a recent photograph of the applicant, principal evaluation and report card from prior school, and a non-refundable application fee of \$50 (payable to Politz Day School of Cherry Hill).

Application is hereby made for admission to Politz Day School of Cherry Hill.

Parent Signature	Printed Name	Date
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Parent Signature	Printed Name	Date
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Politz Day School of Cherry Hill does not discriminate on the basis of race, color, religion, gender, sexual orientation, or national and ethnic origin in the administration of its educational policies, admission policies, tuition assistance, athletics, and other school-administered programs.



SCHOOL RECORDS RELEASE FORM

THIS FORM MUST BE COMPLETED FOR APPLICANTS ENTERING GRADES 1 – 8. PLEASE SEND THE COMPLETED RELEASE FORM TO YOUR CHILD’S CURRENT SCHOOL, ALONG WITH THE BLANK PRINCIPAL EVALUATION FORM.

In order for my child’s application to be reviewed in consideration for acceptance to Politz Day School of Cherry Hill (PDS), I authorize the release of my child’s school records. These records can include academic reports, grades, standardized test results and other pertinent information that is part of my child’s school file. I understand that all requested documents will be sent directly to PDS and are confidential. I also grant permission for PDS administrators and/or social workers to speak directly with the current school’s administrators and mental health professionals. I release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to PDS for admissions purposes.

Applicant’s Name: _____

Current School: _____ Current Grade: _____

Applying to Politz Day School of Cherry Hill for admission to Grade ____ for the 20 ____ - 20 ____ school year.

The undersigned authorizes the release of all educational, health, and psychological records for the above student.

Parent / Guardian Signature

Printed Name

Date

Please contact the Admissions Office at 856-667-1013 or admissions@politz.org with any questions.



PRINCIPAL EVALUATION FORM

THIS FORM IS REQUIRED FOR ALL APPLICANTS ENTERING GRADES 1 - 8.

TO THE PRINCIPAL OR SCHOOL COUNSELOR: The student named below is applying for admission to Politz Day School of Cherry Hill. Please complete this form with your candid, confidential assessment of the student's academic performance, intellectual potential and personal qualities. Please send the completed form, along with the student's most recent report card, directly to Politz. Your assessment will become part of our confidential files and will be accessed only by those involved in our admissions decision process. At no time will the applicant or his/her family have access to it. Thank you.

Student's Full Name

Name of School

Name of Principal / Head of School

Signature

Date

Address

City

State

Zip Code

Please check one statement that applies:

- The student has a psychoeducational evaluation on file.
- I recommend a psychoeducational evaluation to help the student succeed academically and/or socially.
- The student does not need a psychoeducational evaluation at this time.

1. The student has attended my school for _____ years, beginning _____.

2. How long have you been acquainted with the student? _____.

3. Please describe any personal and/or academic support (tutoring, counseling, medical, etc.) the student has received in your school. _____

4. Has the student distinguished himself/herself in any way (academically, athletically, etc.)? _____

5. Please advise us of any special circumstances (illness, home situation, etc.) that may have affected the student's performance this past year. _____

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