



**APPLICATION FOR ADMISSION: KINDERGARTEN THROUGH GRADE 8  
2017-2018 SCHOOL YEAR**

**APPLICANT INFORMATION**

<b>Student's Name</b>				
Last	First	Middle	Hebrew	Likes to Be Called
<b>Address</b>				
Street	City	State	Zip	
Home Phone _____		Primary E-mail _____		
Date of Birth _____		Age _____	Gender (circle one) M F	
Current Grade _____				

**PARENT INFORMATION**

<b>Parent 1</b> _____		
Title and First Name	Hebrew Name	Occupation
_____	_____	_____
Name of Business	Business Address	Business Phone
_____	_____	_____
Cell Phone	E-mail Address	Synagogue Affiliation
_____	_____	_____
<b>Parent 2</b> _____		
Title and First Name	Hebrew Name	Occupation
_____	_____	_____
Name of Business	Business Address	Business Phone
_____	_____	_____
Cell Phone	E-mail Address	Synagogue Affiliation
_____	_____	_____

**PLEASE CHECK ALL SPECIAL FAMILY CIRCUMSTANCES THAT APPLY.**

Stepfather   
  Parents Divorced   
  Adopted   
  Converted Mother   
  Non-Jewish Father  
 Stepmother   
  Widowed   
  Converted Child   
  Converted Father   
  Non-Jewish Mother  
 If Converted, please attach documentation (will remain confidential)

By Whom \_\_\_\_\_ Conversion Date \_\_\_\_\_

**SIBLINGS CURRENTLY NOT ATTENDING POLITZ DAY SCHOOL**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_

*(Please use other side if you need more space.)*

**EMERGENCY CONTACT OTHER THAN PARENTS**

_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone
_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone

**GRANDPARENT INFORMATION**

Grandparent 1: \_\_\_\_\_

Name    Address

\_\_\_\_\_

Phone    Email

\_\_\_\_\_

Grandparent 2: \_\_\_\_\_

Name    Address

\_\_\_\_\_

Phone    Email

\_\_\_\_\_

## OTHER INFORMATION

Does your child have an IEP or a Psychoeducational Assessment? \_\_\_\_ No \_\_\_\_ Yes (Please attach. Politz must receive all documentation prior to applicant's acceptance.)

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

\_\_\_\_\_

Did/does your child receive Early Intervention Services? \_\_\_\_ No \_\_\_\_ Yes (Please describe.)

\_\_\_\_\_

Are there any physical or emotional impairment of which the school should be aware?

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child require any personal and/or academic support at home or at school (tutoring, counseling, medical, etc.)? If so, please explain: \_\_\_\_\_

Please list other schools to which you are applying.

\_\_\_\_\_

## PREVIOUS SCHOOL INFORMATION

Please list the school(s) that your child has attended in the past.

Name of school (most recent school first)

From date

To date

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PHOTOGRAPH RELEASE

A Student's name and photograph may be used by the School for use in publications, audio and/or video materials, social media platforms, and website(s), without compensation and without prior notice. By signing below, you release, and hold the School harmless from any liability stemming from the use of the Student's name or photograph(s).

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

*Application is hereby made for admission to the Politz Day School of Cherry Hill for the 2017-2018 academic year.*

**Please mail, fax, or email completed application to:**

Politz Day School Office of Admissions

720 Cooper Landing Road

Cherry Hill, NJ 08002

Email: rovizt@politz.org · Fax: 856.667.2010



### SCHOOL RECORDS RELEASE FORM

*To be sent to the school your child is currently attending (grades 1 through 8)*

**Instructions:**

1. Remove this page and the next page from the application form. This page must be sent to the school your child is CURRENTLY attending.
2. Please complete the Release of Records Authorization section below and sign.
3. Give this form to a school official (principal, counselor, etc.) at the school your child CURRENTLY attends.

*To be filled out by the parents of the applicant.* (Please print.)

Applicant's Name \_\_\_\_\_  
Last First Middle

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Applying for admission to the \_\_\_\_\_ grade for the 2016-2017 school year

I give permission for you to release my child's school records to Politz Day School of Cherry Hill. I understand that the records will include academic reports and grades, standardized test results, and other pertinent information which is part of my child's school file. I also give permission for Politz Day School's administrators and/or Social Workers to speak to the current school's mental health professionals.

Signed \_\_\_\_\_ Relationship to child \_\_\_\_\_

---

### PRIOR SCHOOL INFORMATION

*To be sent to the school your child is currently attending (grades 1-8 only)*

Students Name: \_\_\_\_\_

**To the Principal or Counselor:**

The student named above is applying to Politz Day School of Cherry Hill and requests that you complete this form. We are aware of how much time these forms require, and we sincerely thank you for your help. Your statement 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 parents have access to it.

1. The student has attended your school for \_\_\_\_ years, beginning \_\_\_\_/\_\_\_\_/\_\_\_\_.
2. Length of time you have been acquainted with the student? \_\_\_\_\_.

3. Has the student received any special personal and/or academic support (tutoring, counseling, medical, etc.)? Please explain. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

5. Are there any special circumstances of which we should be aware? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature of school official \_\_\_\_\_ Date \_\_\_\_\_

**Please send the release of records form/prior school information pages and the required transcripts, report cards, and standardized test scores as soon as possible. Thank you for your attention in this matter.**

**Please mail, fax, or email completed form to:**

Politz Day School Office of Admissions  
720 Cooper Landing Road  
Cherry Hill, NJ 08002  
Email: [rovitz@politz.org](mailto:rovitz@politz.org)  
Fax: 856.667.2010