

Netivot Application for Admission

STUDENT'S NAME: *last* _____ *first* _____ *middle* _____

PREFERRED NAME: _____ HEBREW NAME: _____ MALE FEMALE

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

1. How did you become interested in Netivot?

2. What educational goals do you have for your child? How can Netivot help him/her meet these goals?

3. What do you see as your child's biggest challenge?

4. Has your child ever been tested for, or diagnosed with, any developmental, physical, or emotional disorder/disability? Do you suspect any disorder/disability?

5. Please indicate if your child has asthma, food allergies or any other medical condition (attach a sheet if necessary):

6. Is there any special situation or characteristic concerning your child that is important for the school to be aware of (physical, emotional, intellectual, etc.)?



7. Father's Information:

8. Mother's Information:

ENGLISH NAME:

ENGLISH NAME:

HEBREW NAME:

HEBREW NAME:

ADDRESS:

ADDRESS:

HOME PHONE:

HOME PHONE:

HOME FAX:

HOME FAX:

CELL PHONE/PAGER:

CELL PHONE/PAGER:

E-MAIL:

E-MAIL:

OCCUPATION:

OCCUPATION:

BUSINESS NAME:

BUSINESS NAME:

ADDRESS:

ADDRESS:

PHONE:

PHONE:

SYNAGOGUE AFFILIATION:

SYNAGOGUE AFFILIATION:

CITY/STATE:

CITY/STATE:

IS THE FATHER JEWISH?

IS THE MOTHER JEWISH?

9. If the parents do not share the same residence, please check all that apply:

DIVORCED SEPARATED REMARRIED: MOTHER FATHER DECEASED: MOTHER FATHER

10. Please indicate any special family situation or requirement of which the school should be aware:



11. Please list the name and phone number of an emergency contact:

13. Please list other children in the family, their ages, and schools they are attending:

NAME:	AGE:	SCHOOL:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We hereby submit and affirm this 2008-2009 Netivot Application for Admission on behalf of our child, _____ . We understand that Netivot will contact us to schedule an interview with our child.

SIGNATURE OF PARENT/GUARDIAN: _____	DATE: _____
SIGNATURE OF PARENT/GUARDIAN: _____	DATE: _____

*Upon completion please mail application, along with a \$100 non-refundable application fee, to:
Yeshivat Netivot Montessori, 91 Jefferson Blvd., Edison, NJ 08817*

