

DAVID POSNACK JEWISH DAY SCHOOL

PAUL AND MAGGIE FISCHER HIGH SCHOOL

APPLICATION FOR ADMISSION

Date _____ Grade for which student is applying _____

First Name _____ Middle Initial _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ M F Gender _____ Age _____ DOB _____ SS# _____

Current Grade _____ Current School Name/Phone Number _____ Date Entered Current School _____

Current School Address _____

Please note that the school does not issue I-20 Visas.

PREVIOUS SCHOOL(S) ATTENDED

Name _____ From _____ To _____

Name _____ From _____ To _____

PARENT / GUARDIAN INFORMATION

Parent name _____

Parent name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Cell _____

Cell _____

E-mail _____

Email _____

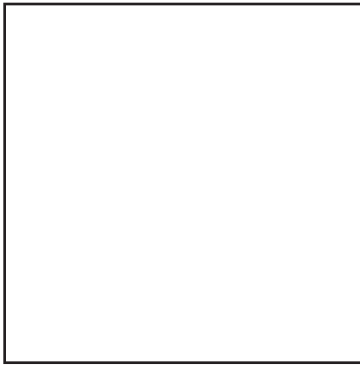
Is Father Jewish? Yes No

Is Mother Jewish? Yes No

Synagogue affiliation _____

Synagogue affiliation _____

Please attach passport size photo of your child.



SIBLING INFORMATION

Name Current School Grade

Name Current School Grade

Name Current School Grade

WORK ADDRESS & TELEPHONE NUMBERS

Parent

Parent

Occupation

Occupation

Company

Company

Address

Address

City State Zip

City State Zip

Tel

Tel

Fax

Fax

If separated or divorced, please complete this section.

Custody arrangement as per divorce agreement: Joint Father only Mother only

Send grades to: Both Parents Father only Mother only

Send mail to: Both Parents Father only Mother only

Financial responsibility for private school per divorce agreement:
 Both Parents Father only Mother only

Will you be applying for financial assistance? Yes No

What is the primary language spoken at home: _____

- Does the applicant speak Hebrew? Yes No
Read Hebrew? Yes No
Write Hebrew? Yes No
Has the applicant skipped a grade? Yes No If so, which grade: _____
Has the applicant repeated a grade? Yes No If so, which grade: _____

Has applicant been on probation, suspended, dismissed, or withdrawn from any other school? Yes No
If yes, please submit relevant details on a separate paper.

Has the applicant had any formal academic evaluation and/or psychological testing? Yes No
If yes, a copy of the evaluation is required with this application.

- Has the applicant ever been tested for:
- Speech/Language/Hearing Yes No
Learning Disability Yes No
Occupational Therapy Yes No
Physical Therapy Yes No
Social/Emotional Difficulty Yes No

At the present time is the applicant currently receiving counseling or therapy for any of the above? Yes No

MEDICAL INFORMATION:

- Does the applicant have any medical or physical limitations? Yes No
Does the applicant take any medications on a regular basis? Yes No
Does the applicant have any allergies? Yes No

If yes, please explain:

How did you hear about us? _____

Are there any David Posnack Jewish Day School alumni in the family? Yes No

If yes, please list David Posnack Jewish Day School alumni and relationship _____

Has either parent ever attended a Jewish Day School? Yes No

If yes, please provide name, city and state _____

- Please complete this application carefully and return it to the Admissions Department with a check payable to David Posnack Jewish Day School for the non-refundable application and testing fee of \$250.
- All applicants must submit a copy of a birth certificate or passport with this application.
- Applicants born outside the U.S. must provide a copy of Legal Residence Status / Visa.
- Your signature verifies that the information in this application and any information provided in separate documents are true and correct. Any false, inaccurate, or omitted information will result in your child's dismissal from Posnack School.
- We authorize the release of our child's records and other documents from the appropriate sources. We 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 Posnack School for admission purposes.

Non Discrimination Policy

David Posnack Jewish Day School does not discriminate on the basis of gender, race, color, sexual orientation national or ethnic origin in the administration of its educational policies, admissions policies, financial aid and loan programs, activities or other school administered programs. This policy of nondiscrimination does not affect the school's mission of providing a Jewish religious education to its students and its policy of accepting Jewish students.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

If paying application and testing fee with credit card, please complete the following information:

Name on card _____ Card Number _____

Exp. Date _____ Security Code _____

Address if different from billing address:

I authorize Posnack School to charge my credit card \$250 _____
 Signature

FOR OFFICE USE ONLY			
Application received	/	/	Application Fee <input type="checkbox"/>
Check#	CC	Cash	Amount \$ _____



K-12 COLLEGE PREPARATORY SCHOOL

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