



APPLICATION FOR ADMISSION Deadline: February 1

STUDENT INFORMATION			
First Name	Last Name	Date of Birth	Grade Applying for
Hebrew Name	Nickname	M/F	Place of Birth
Street Address		City	State
		Zip	Home Phone Number
FAMILY INFORMATION			
Parent/Guardian Name		Parent/Guardian Name	
Relationship to Student	Home phone	Relationship to Student	Home phone
Email Address	Cell phone	Email Address	Cell phone
Work Email	Work phone	Work Email	Work phone
Occupation	Employer	Occupation	Employer
Address if different from student		Address if different from student	
Religious Background		Religious Background	
SCHOOL INFORMATION			
Current School		Current Grade	Current Teacher
Street Address		City	State
		Zip	School Phone Number
Previous School / Location			Dates Attended
Previous School / Location			Dates Attended

SIBLING INFORMATION

Name	M/F	Grade	DOB	Current School
Name	M/F	Grade	DOB	Current School
Name	M/F	Grade	DOB	Current School

SYNAGOGUE MEMBERSHIP

The following information is not prejudicial and will not exclude any student from our program. Synagogue membership is encouraged but not required for admission.

Synagogue Affiliation

OTHER INFORMATION

How did you hear about the Rashi School?

Why are you interested in a Rashi education for your child?

ABOUT YOUR CHILD

Tell us about your child as a learner and about the educational experience you are seeking for him/her.

Describe your child's strengths, challenges and interests.

What is your child's first language? What other languages are spoken at home?

Please explain any circumstances (medical, social, family situation, etc.) that have affected or might affect your child's school experience.

Describe any testing and/or tutoring your child has received.

Tell us about professional support services, if any, that your child has received, past or present.

Does your child have an IEP or 504 Plan?
If yes, please include a copy with the application.

Y/N

FINANCIAL AID

Rashi welcomes and encourages families to apply for financial aid. If you would like to receive information about financial aid from our Business Office, please check here:

Please read and sign below

Submitting this application grants the Rashi School permission to request and receive confidential information regarding the applicant and to speak to and/or visit the applicant's current school to observe him/her, if necessary in the admissions process.

The information on this application, together with all information and materials received by the Admissions Office or prepared by anyone at its request, shall be confidential and shall not be disclosed to anyone outside of the Admissions Committee.

The Rashi School may terminate an offer of admission or enrollment agreement if the information herein is found to be inaccurate or incomplete.

Parent/ Guardian signature	Date
Parent/ Guardian signature	Date

APPLICATION

Please mail this completed application form and any supporting information, a non-refundable application fee of \$100.00 and a copy of your child's birth certificate to:

The Rashi School
Admissions Office
8000 Great Meadow Road
Dedham, MA 02026
617-969-4444