

Solomon Schechter Day School of St.Louis

Academic Year _____

Entering Grade _____

STUDENT INFORMATION:

Student Name: _____ Hebrew Name: _____

Date of Birth: _____ Last _____ First _____ Age _____ M_ F_ Jewish: _ By birth _ By conversion _ No

Address: _____ Street _____ City _____ State _____ Zip _____

Home Phone _____
(Area Code) _____ number

Previous Schools applicant has attended (most recent first, please):

School _____ Years Attended _____ Principal/Director _____

Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

School _____ Years Attended _____ Principal/Director _____

Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

School _____ Years Attended _____ Principal/Director _____

Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

PARENTAL INFORMATION:

Parent/Guardian 1: _____

Address: _____

Phone: _____

Occupation: _____

Employed by: _____

Address: _____

Work phone: _____

Cell phone: _____

E-mail: _____

Describe your religious background _____

Parent/Guardian 2: _____

Address: _____

Phone: _____

Occupation: _____

Employed by: _____

Address: _____

Work phone: _____

Cell phone: _____

E-mail: _____

Describe your religious background _____

Parents are: _ Married _ Divorced _ Separated _ Widowed

Contact Information for additional Parents or Guardians: _____

Congregational Affiliations: _____

SIBLINGS:

Name _____ Date of Birth _____ Age _____ Sex _____ Present School _____

Check here if a Financial Aid Form is requested. _____