



## ADMISSIONS INFORMATIONAL QUESTIONNAIRE

Applicant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Applying for Grade \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Tel \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Child's current school \_\_\_\_\_

Child's interests \_\_\_\_\_

Child's favorite book \_\_\_\_\_

Has your child ever attended a Jewish Day School? \_\_\_ No \_\_\_ Yes \_\_\_\_\_  
School

How did you hear about us? Check all that apply.

\_\_\_ Friends      \_\_\_ Know an Adelson student      \_\_\_ From our synagogue

\_\_\_ Ad      \_\_\_ Read about the school      \_\_\_ Sibling attends

\_\_\_ Other \_\_\_\_\_

Please fax this form to us prior to your first visit to our school. Fax (702) 255-7232.