

PARENT/GUARDIAN

Father/Guardian _____

Mother/Guardian _____

Religion: Jewish _____ Not Jewish _____

Religion: Jewish _____ Not Jewish _____

Hebrew Name _____

Hebrew Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Home phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

E-Mail _____

E-Mail _____

EDUCATION

Student's Pre-School or Previous Secular Education

School	Address	Phone	Dates Attended	E-Mail	Director

Student's Previous Jewish Education

School	Address	Phone	Dates Attended	E-Mail	Director

How would you describe your child's school experience?

What are your child's particular strengths and challenges?

What are your child's special talents and interests?

Is there any additional information you would like to share with us about your child?

FAMILY INFORMATION

Parents are: Married _____ Divorced _____ Separated _____ Widowed _____

Student lives with: Both parents _____ Mother _____ Father _____ Other _____

If student lives with someone other than a parent, please complete the following:

Name of guardian _____

Relationship to student _____

Address _____

City _____ State _____ Zip _____

Phone _____

Languages spoken in the home _____

OTHER CHILDREN IN THE FAMILY

Name _____ Date of Birth _____ Gender _____ Grade _____

Name _____ Date of Birth _____ Gender _____ Grade _____

Name _____ Date of Birth _____ Gender _____ Grade _____

SYNAGOGUE AFFILIATION

Are you currently affiliated with a Synagogue or Temple? _____

Name _____

MEDICAL INFORMATION

Child's Physician _____

Address _____

Phone _____

Is your child currently receiving any learning accommodations in his/her classroom? Yes ___ No ___ N/A ___
Please let us know of any academic, psychological or emotional issues regarding your child that may require special accommodations in the classroom.

Is the student taking any daily medications? Yes _____ No _____

Please list the medications _____

Has your child ever had any form of achievement, intelligence, or psychological testing? Yes ___ No ___

Has your child ever had a speech and language or occupational therapy evaluation? Yes ___ No ___

If yes to any of the above, please include a copy of the evaluation documents, with recommendations.

BACKGROUND INFORMATION

Why have you chosen to apply to Gesher? _____

How did you hear about our school? _____

I have provided Gesher Jewish Day School with accurate and current information regarding my child.

Signature of Parent / Guardian _____ Date _____

Signature of Parent / Guardian _____ Date _____

Please complete this Application and the Release of Records and return it
with your non-refundable \$100 application fee to:

Director of Admissions
Gesher Jewish Day School
4800 Mattie Moore Court
Fairfax, VA 22030
(703) 978-9789 www.gesher-jds.org



703-978-9789
www.gesher-jds.org

RELEASE OF RECORDS

Applicant's Full Name _____

Applicant's Birth Date _____

Current School Name _____

Current School Address _____

Phone _____ Fax _____ E Mail _____

Principal / Director's Name _____

I authorize the release of my child's records to the
Gesher Jewish Day School

I also give permission for representatives of Gesher Jewish Day School to visit my child's current school in order to observe him/her in a school setting. In addition, I authorize Gesher Jewish Day School representatives to speak with school administration or faculty.

Parent/Guardian Signature

Date

Please Send the Following:

1. Transcript of Academic Record *(For admission to grades 1-8)*
2. Teacher Recommendation Form *(For admission to grades K-8)*
(Supplied by Gesher Jewish Day School)
3. Standardized Test Results *(For admission to grades 1-8)*
4. Attendance and Health Records *(For admission to grades K-8)*
5. Evaluations and Other Reports *(As applicable)*

Please mail all records to: Director of Admissions or Fax: 703-978-2668
 Gesher Jewish Day School
 4800 Mattie Moore Court
 Fairfax, VA 22030