



Application for Admission

For Office Use Only	
Applying for grade	_____
Date application received	_____
<input type="checkbox"/> Fee received	_____
Check number	_____
<input type="checkbox"/> School records received	_____
Date	_____

Student Information

Name of Student: _____ Male Female
Last First Middle

Hebrew Name: _____ Date of Birth: _____ Place of Birth: _____

Home Address: _____ City: _____ Zip: _____

Phone: _____ Grade to enter: _____ Primary Language: _____

Spoken Hebrew: None Some Fluent Written Hebrew: None Some Fluent

Family Information

Parent's Name: _____ Home Phone: _____

Home Address: _____ City: _____ Zip: _____

Cell phone: _____ e-mail: _____

Business Name/Address: _____

Business Phone: _____ Occupation: _____

Parent's Name: _____ Home Phone: _____

Home Address: _____ City: _____ Zip: _____

Cell phone: _____ e-mail: _____

Business Name/Address: _____

Business Phone: _____ Occupation: _____

If parents are separated, who is the custodial parent? _____

Religious Affiliation: Parent _____ Parent _____ Student _____

Jewish Affiliation: Parent _____ Parent _____ Student _____

Synagogue affiliation, if any: _____

Siblings:	Name	Date of Birth	Present School	Present Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please complete both sides of application

Guidance and Admission Data

Current School: Name of School Address City Phone

School History: Name of School City or Town Dates of Attendance Grades Attended

Has your child been evaluated for any learning or emotional Issues? Yes No

Has your child had a 504 plan and/or IEP? Yes No

Has your child received any type of assistance or counseling outside of the classroom? Yes No

Name one adult other than a family member who knows the child well and would be willing to provide a reference:

Name: _____ Relationship: _____ Phone: _____

How did you hear about Yavneh Day School? _____

*Why are you considering Yavneh Day School for your child's education? _____

*Please share with us any information about your child. Include anything you wish to add about your child such as his/her educational expectations, any special challenges or special strengths. _____

*** Use a separate sheet if necessary**

Application Fee

Please enclose a non-refundable application fee of \$100, payable to Yavneh Day School.

Tuition Assistance

Confidential tuition assistance is available. Please indicate if you would like to receive a tuition assistance packet:

Yes No (Admissions decisions are separate and independent from tuition assistance decisions.)

Yavneh Day School does not discriminate on the basis of race, color, gender, sexual orientation or national origin in its admissions policy, educational programs and activities, employment practices, or in its tuition assistance and other school-administrated programs.

Return to: Admissions Director, Yavneh Day School, 14855 Oka Rd. #100, Los Gatos, California 95032