



60 West End Avenue ~ Brooklyn, NY 11235
718.338.4000 ~ www.shulamithofbrooklyn.org

Dr. Gary Abberbock
President
Alex Shtaynberger
Chairman of the Board
Sherry Gantz
Vice President
Melanie Marmer, Esq.
Vice President
Amichai Ziegler
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Rabbi Dr. Wallace Greene
Secretary (ex officio)

Rabbi Shmuel Klammer,
Ed.D.
Head of School

Board of Trustees _____ Bryan Epner

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Rabbinic Advisory Board

Rabbi Dr. Wallace Greene
Executive Director

Mrs. Caroline Wilk
Pre-School Director

Mrs. Betty Shusterman
Elementary School Assistant Principal

Mrs. Gitty Fleisher
Middle School Principal

Mrs. Penina Karp
High School Principal

שנת תשע"ח

2017-2018

Dear Parents,

Thank you for your interest in Shulamith School for Girls of Brooklyn. As you surely know, Shulamith School has been an educational leader in the Orthodox community for over 85 years.

Enclosed you will find an application card and a therapy services form. Please include the following to complete your application:

- Birth Certificate
- Recent educational/psychological screening (Pre-1A and up ONLY)
- Complete Application
- \$75.00 application fee per child
- IEP (Individualized Education Plan) when applicable

If you would like to transfer your child from another school, please send in copies of the most recent report cards.

Applicants for Pre-1A and higher grades are required to make an appointment with a psychologist for an educational screening. (For a recommendation of a psychologist please call Rabbi Klammer or Mrs. Caroline Wilk at 718-338-4000 ext. 210)

We look forward to meeting you and your daughter.

Sincerely,

Rabbi Shmuel Klammer
Head of School



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הורים נכבדים,

אנו מקדמים בתודה את התעניינותכם בבית ספרנו ואת כוונתכם לרשום את בתכם או בנותיכם למוסדנו. "שולמית" הוא המוסד החינוכי והתורני לבנות המוביל בקרב הקהילה היהודית האורתודוקסית במשך למעלה משמונים וחמש שנה. אנו רואים יעוד להקנות לתלמידותינו חינוך יהודי מעולה והשכלה כללית מתקדמת באוירה שהדגש בה הוא על מידות טובות ואהבת ארץ ישראל. ב"שולמית" אנו משקיעים עמל רב בחינוך בנותינו ומשפיעים עליהן שתהיינה אמהות בישראל בעלות השכלה כללית ויראת שמים.

מצורף בזאת שאלון הרשמה וכן טופס נוסף האמור לעדכן אותנו אם ואילו שעורי עזר מיוחדים ניתנו לבתכם בעבר. נא מלאו את הטפסים והחזירו אותם למשרדנו בצרורף:

* העתק מתעודת הלידה של בתכם

* איבחון פסיכולוגי (לכיתות גן חובה, גילאי חמש, ומעלה)

* IEP (Individualized Education Plan) במידה ונבחנו על ידי משרד החינוך

* טופסי הרשמה עם כל הפרטים

* \$75.00 דמי שירות לטיפול בבקשתכם.

* תעודת ציונים אחרונה אם בתכם עוברת מבית ספר אחר.

המעוניינים בהרשמת בנותיהם שגילן מכיתות גן חובה (גילאי חמש) ומעלה, מתבקשים לקבוע ראיון עם פסיכולוג המתמחה בילדים לאיבחון פסיכולוגי, לבדיקת רמת המוכנות של בתכם ללימודים בבית ספרנו. (להמלצה על פסיכולוג מוכר אפשר לפנות לגברת וולק 718-338-4000).

נשמח לפגושכם,

בברכה,

הרב שמואל קלמר

ראש הישיב



APPLICATION FOR ADMISSION

בס"ד

60 West End Avenue, Brooklyn, NY 11235
Tel: 718-338-4000, Fax: 718-258-9626

Today's Date _____

Pre-School Division Elementary Division Middle School Division

Grade _____ Year _____

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____ Hebrew Name _____

Home Address _____ City/State/Zip _____ Phone _____

Soc. Sec. # _____ Place of Birth _____ Date of Birth _____ Hebrew Birthday _____

Student's Previous School, Grade and Contact Name & Phone # _____

Are All Immunizations Current ? YES [] NO []

FATHER'S INFORMATION

Name (Mr., Dr., Rabbi) _____ Cell phone _____

Home Address _____ City/State/Zip _____ Phone _____

Occupation _____ Firm Name _____ Business Phone # _____

Business Address _____ Email Address _____

MOTHER'S INFORMATION

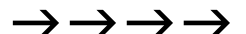
Name (Mrs., Dr.)/Maiden Name _____ Cell phone _____

Home Address _____ City/State/Zip _____ Phone _____

Occupation _____ Firm Name _____ Business Phone # _____

Business Address _____ Email Address _____

Please continue on the back.



For Office Use Only Accept Reject Wait List \$75 Application Fee New Family Acct. # _____

Birth Certificate \$500 Registration Fee (**non-refundable**) / Marital Status: Married Separated Divorced

FAMILY INFORMATION

Name of Sibling(s)	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Synagogue Affiliation _____ **Rabbi's Name & Phone #** _____

2. Synagogue Affiliation _____ **Rabbi's Name & Phone #** _____

From Where Did You Obtain Information About Our School? _____

PATERNAL GRANDPARENT INFORMATION

Name _____ Cell phone _____

Home Address _____ City/State/Zip _____ Phone _____

Occupation _____ Firm Name _____ Business Phone # _____

Business Address _____ Email Address _____

MATERNAL GRANDPARENT INFORMATION

Name _____ Cell phone _____

Home Address _____ City/State/Zip _____ Phone _____

Occupation _____ Firm Name _____ Business Phone # _____

Business Address _____ Email Address _____

Signature of Father _____

Date _____

Signature of Mother _____

Date _____



Lisette Colon-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)		
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <small>specify</small>
2. What was the first language your child learned?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <small>specify</small>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <small>specify</small> <input type="checkbox"/> Father _____ <small>specify</small>	<input type="checkbox"/> Guardian(s) _____ <small>specify</small>
4. What language(s) does your child understand?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <small>specify</small>
5. What language(s) does your child speak?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <small>specify</small> <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <small>specify</small> <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <small>specify</small> <input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:		
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%; padding: 2px;">District Name (Number) & School</td> <td style="border: none; width: 50%; padding: 2px;">Address</td> </tr> </table>	District Name (Number) & School	Address	
District Name (Number) & School	Address		

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure

 *If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has your child ever been referred for a special education evaluation in the past? No Yes* **Please complete 10b below*

10b. **If referred for an evaluation*, has your child ever received any special education services in the past?

No Yes – Type of services received: _____

Age at which services received *(Please check all that apply)*:

Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? No Yes

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

12. In what language(s) would you like to receive information from the school? _____

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: No Yes

**DATE OF INDIVIDUAL
INTERVIEW:

_____ MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

- ADMINISTER NYSITELL
 ENGLISH PROFICIENT
 REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

_____ MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

- ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:



Name of Student: _____
Last First

Date of Application: _____ Grade Entering: _____

Please check all that are applicable:

Services	No Services	Receiving in Current School Year	# of times Weekly	Will Receive Next Year	# of times Weekly
Speech & Language Therapy					
Occupational Therapy (OT)					
Physical Therapy (PT)					
Special Education Services (e.g. SEIT, P3, Aid)					
Counseling Services					

Parent's Name (Print): _____

Parent's Signature: _____