

Shulamith High School for Girls



Application for Admission

60 West End Avenue
Brooklyn, NY 11235
Tel: 718-338-7154
Email:
shsadmissions@yahoo.com



APPLICATION FOR ADMISSION

Today's Date _____ Grade: 9 10 11 12 (circle one)

STUDENT INFORMATION

Last Name _____ Legal First Name _____

Preferred Name/Nickname _____ Hebrew Name _____

Home Address _____ City/State/Zip _____ Home Phone _____

Email Address _____ Cell Phone # _____

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

Are all immunizations current? Yes No (circle one)

Student resides with Both Parents Father Mother Father/Step Mother Mother/Step Father Other: _____

School Presently Attending _____ Principal's Name _____

School's Address _____ Phone # _____

Present Grade Hebrew _____ Present Grade English _____

ACADEMIC INFORMATION If you have attended more than one elementary school, or are now attending high school, list below all schools attended in order of attendance

Name of School	Location	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you spend the last 3 summers? (names of camps, etc.) _____

Does the applicant have any particular disabilities or has she experienced any serious illness or accident?

Who are your closest friends? (List two) _____

Languages Spoken at Home: (list all) _____

MOTHER'S INFORMATION

Name (Mrs., Dr.)/Maiden Name _____ Cell Phone _____
Home Address _____ City/State/Zip _____ Home Phone _____
Occupation _____ Firm Name _____ Business Phone # _____
Business Address _____ Email Address _____
Education _____

FATHER'S INFORMATION

Name (Mr., Dr., Rabbi) _____ Cell Phone _____
Home Address _____ City/State/Zip _____ Home Phone _____
Occupation _____ Firm Name _____ Business Phone # _____
Business Address _____ Email Address _____
Education _____

FAMILY INFORMATION

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

Synagogue Affiliation _____ Rabbi's Name & Phone # _____

Have any of your family members attended Shulamith High School? If yes, please provide her name, relationship and contact information (cell phone number). _____

GRANDPARENT INFORMATION

PATERNAL

MATERNAL

Full Name	_____	_____
Home Address	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Email Address	_____	_____

ADDITIONAL ACADEMIC INFORMATION
TO BE COMPLETED *ONLY* BY APPLICANT'S PARENT OR GUARDIAN:

Has the applicant ever been educationally evaluated? Yes No

If yes, please submit any relevant test results and recommendations.

Is the applicant currently receiving any educational support services? Yes No

If yes, please indicate which services: _____

If applicant is currently receiving District services, please attach a copy of her IEP.

Has applicant ever had behavioral, social or emotional issues that require or required professional counseling or assessment?

Yes No

If yes, please explain: _____

Is there any additional information concerning the overall well-being of the applicant which the school should be aware of?

If yes, please explain: _____

APPLICATION CHECKLIST

1. Complete all items clearly.
2. Please print with blue or black ink.
3. Remember to include a recent photo.
4. A non-refundable Application Fee of \$80, made payable to Shulamith High School, must accompany this application.
5. All applicants must take the BJE High School Entrance Examination and must appear for a personal interview at the Shulamith High School for Girls.
6. Include your 2 most recent Hebrew and English report cards.

STATEMENT OF CONSENT

Admission to Shulamith High School for Girls of Brooklyn is subject to the following conditions: The school can require the withdrawal of a student at any time for any reason it deems sufficient. A student's continuance with Shulamith High School is dependent upon the maintenance of regular and satisfactory attendance, work and proper behavior in both Judaic and General Studies Departments, and the adherence to all Shulamith of Brooklyn regulations. Parents are responsible for the payment of tuition and all other fees in accordance with the regulations of the Shulamith of Brooklyn Business Office.

Signature of Applicant _____

Date _____

Signature of Father/Guardian _____

Date _____

Signature of Mother/Guardian _____

Date _____

For Office Use Only Date Rec'd. _____ \$80 Application Fee Accept Reject Wait List

\$500 Registration Fee (**non-refundable**) Account # _____