



*Give them the world. . . . .*



## APPLICATION FOR ADMISSION

*ACADEMIC YEAR*

2010 - 2011

NAME OF STUDENT \_\_\_\_\_

GRADE \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Hebrew Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Synagogue affiliation \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State Zip

School District where student resides \_\_\_\_\_

Home phone number (\_\_\_\_) \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_

**Student Information:** \_\_\_\_\_ in Grade \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Previous School: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_  
Street City State Zip

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
(Dr./Mr./Other) (Dr./Mrs./Ms./Other)

Home Address (if different from student) \_\_\_\_\_  
\_\_\_\_\_  
Home Address (if different from student) \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Home phone \_\_\_\_\_ Home phone \_\_\_\_\_

Business phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Family Information** \_\_\_\_\_ Email \_\_\_\_\_

**Other children in the Family:**

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Grandparents (paternal)**

**(maternal)**

Grandfather's Name \_\_\_\_\_  
(Dr./Mr./Other)

Grandfather's Name \_\_\_\_\_  
(Dr./Mr./Other)

Grandmother's Name \_\_\_\_\_  
(Dr./Mrs./Ms./Other)

Grandmother's Name \_\_\_\_\_  
(Dr./Mrs./Ms./Other)

Address \_\_\_\_\_  
Street

Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

***Names of family members who have attended Yavneh Day School/Rockwern Academy      Years Attended***

_____	_____
_____	_____
_____	_____

**Alumni/ae information**

*Proof of Age (new students only) must be submitted with application form.  
Acceptable proof of age can be: birth certificate, passport, hospital record, or religious record.*

**Applying for 2 year old Preschool**

8:15 – 11:15 A.M. Monday, Wednesday, Friday (3 day)  
8:15 – 11:15 A.M. Monday – Friday (5 day)

A.M. 3 day  or 5 day

**Applying for 3 year old Preschool**

8:15 – 11:15 A.M. Monday, Wednesday, Friday (3 day)  
8:15 – 11:15 A.M. Monday – Friday (5 day)

A.M. 3 day  or 5 day

**Applying for Pre-Kindergarten**

8:15 – 11:15 A.M. Monday – Friday (5 day)

A.M. 5 day

**Applying for Lunch and Play (2, 3 & Pre-K)**

8:15 – 12:15 A.M. Monday, Wednesday, Friday (3 day)  
8:15 – 12:15 A.M. Monday – Friday (5 day)

3 day  5 day

**Applying for Extended Day Program (EDP)**

(EDP: Afternoon program for All Day Preschool students)

11:15 – 3:15 P.M. Monday, Wednesday, Friday (3 day)  
11:15 – 3:15 P.M. Monday – Friday (5 day)

3 day  5 day

**Applying for**

8:15 – 3:30 P.M. Monday – Friday (5 day)

K  1  2  3  4  5  6  7  8

**Tuition**

Tuition Aid Requested (K-8) Yes \_\_\_\_ No \_\_\_\_

Please note that tuition assistance is awarded on the basis of need. All applications are considered for admission independent of a request for tuition assistance.

**Bill to:**

Name: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TRANSPORTATION**

(please check one)

**School Bus Service (K-8)**

Public school bus service is provided to students in grades K-8 who reside in the following school districts. Please check the appropriate box:

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Indian Hill | <input type="checkbox"/> Mason    |
| <input type="checkbox"/> Loveland    | <input type="checkbox"/> Sycamore |

**Private Car or Car Pool**

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> AM only | <input type="checkbox"/> PM only |
|----------------------------------|----------------------------------|

**Please sign and return this form to Rockwern Academy along with the application for admission and a non-refundable fee of \$150.**

Application Process Agreement

It is the policy of Rockwern Academy that all information received regarding a candidate's application for admission is kept confidential. Only authorized school personnel have access to this information and only to the extent it is relevant to admission and placement decisions. This information will not become part of the applicant's permanent record. By entering into this application process, it is agreed that these records are confidential and will not be released to the parents or other institutions.

Parent/Guardian signature \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_