

מב"מ Maimonides School

Office of Admissions • 2 Clark Road, Brookline, MA 02445
p 617 232 4452 x409 • f 617 739 8683 • admissions@maimonides.org

(Optional)
Please Attach
Photo
of Applicant

APPLICATION FOR ADMISSION

CANDIDATE FOR GRADE _____ IN SEPTEMBER 20_____

Name of Student: _____
Last First Middle

Hebrew Name: _____ Preferred Name: _____ Male Female

Home Address: _____
Street/Apt # City State Zip

Home Phone: _____ Student Email: _____

Date of Birth: _____ Place of Birth: _____ Social Security #: _____ - _____ - _____

PARENT/GUARDIAN #1 INFORMATION

Mrs. Ms. Mr. Dr. Rabbi Other: _____ Relationship to Student: _____

Name: _____
Last First Middle

Hebrew Name: _____ Preferred Name: _____ Place of Birth: _____

Home Address (if different from student): _____
Street/Apt # City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Employer Name: _____

Business Address: _____ Business Phone: _____

Marital Status: _____ If parent is remarried, name of stepparent: _____

PARENT/GUARDIAN #2 INFORMATION

Mrs. Ms. Mr. Dr. Rabbi Other: _____ Relationship to Student: _____

Name: _____
Last First Middle

Hebrew Name: _____ Preferred Name: _____ Place of Birth: _____

Home Address (if different from student): _____
Street/Apt # City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Employer Name: _____

Business Address: _____ Business Phone: _____

Marital Status: _____ If parent is remarried, name of stepparent: _____

FAMILY INFORMATION

Please list the following information for your child's siblings:

Name	Date of Birth	Gender	Grade	School
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

Have you ever applied to Maimonides School in the past? Yes No

If yes, for whom? _____

Have you or any family members ever attended Maimonides? Yes No

If yes, please state the relationship and dates of attendance. _____

RELIGIOUS INFORMATION

With which synagogue, if any, are you affiliated? _____

Please tell us about your Jewish and general communal affiliations (religious, educational, etc.).

Kindly describe your family's commitment and current practice with respect to religious observances such as Shabbat, holidays, Kashrut and synagogue attendance.

If your child, either parent, or any grandparent has been converted, please indicate the name of the Rabbi and Beit Din who performed the conversion. Please enclose a copy of the certificate of conversion.

APPLICANT INFORMATION

What language(s) does your child speak fluently? English Hebrew Russian Other: _____

Please describe your child (disposition, special interests, talents, etc.). _____

Please tell us about your child's previous school experience. _____

Does your child currently receive support services, enrichment, or tutoring? Yes No If yes, please explain.

Has he/she received them in the past? Yes No If yes, please explain.

Has your child had any formal evaluations (e.g. psycho-educational, speech, occupational or physical therapy, behavioral)?

Yes No If yes, please describe and provide copies of report(s).

Has your child ever attended summer camp? If so, which one(s) and when? _____

Please list any youth groups with which your child has been affiliated. _____

ADDITIONAL COMMENTS

CURRENT EDUCATION

Current School: _____ Dates Attended: _____

Current Grade: _____ Phone: _____ Fax (required): _____

School Address: _____
Street City State Zip

PREVIOUS EDUCATION

Nursery, Pre-School, Day Care Program

1. School: _____ Dates Attended: _____

Phone: _____ Fax (required): _____

School Address: _____
Street City State Zip

2. School: _____ Dates Attended: _____

Phone: _____ Fax (required): _____

School Address: _____
Street City State Zip

Elementary or Secondary Schools

1. School: _____ Dates Attended: _____

Phone: _____ Fax (required): _____

School Address: _____
Street City State Zip

2. School: _____ Dates Attended: _____

Phone: _____ Fax (required): _____

School Address: _____
Street City State Zip

I hereby apply for admission of my child to Maimonides School. I certify that the above information is complete and accurate.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

* Please be certain you have enclosed a copy of your child's Birth Certificate.

** Your \$100 non-refundable application fee made payable to Maimonides School must accompany this application.

Please return this completed application by February 1 along with the other required documents to Maimonides School, c/o Office of Admissions, 2 Clark Road, Brookline, MA 02445.

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RECORD RELEASE FORM

Parents: Please fill out the shaded blue box and give this form to your child's current school along with a stamped envelope addressed to Maimonides School, c/o Office of Admissions, 2 Clark Road, Brookline, MA 02445.

PARENT/GUARDIAN PERMISSION

Name of Child: _____ Current Grade: _____

School: _____ School Fax (required): _____

I hereby grant permission for Maimonides School to contact teachers/administrators of my child's current and previous schools to obtain relevant information as needed.

Signature of Parent/Guardian: _____ Date: _____

To Whom It May Concern:

The student listed above has applied for admission to Maimonides School. To assist us in making an informed admissions decision, please send us the following by our application deadline of February 1:

1. Academic records.
2. Copies of any relevant educational/psychological testing or evaluations.
3. Evaluations and/or recommendation letters.

These evaluations will be kept in strict confidence and used solely to help form a thoughtful admissions decision.

Thank you so much for your cooperation.

Sincerely,



Tamara Kesselman
Director of Admissions
(617) 232-4452 x409
tkesselman@maimonides.org

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ASSOCIATION OF INDEPENDENT SCHOOLS OF NEW ENGLAND

STUDENT EVALUATION—GRADES 2-5

(Modified with permission from AISNE.)

To the teacher or school director: We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with full awareness that young children are constantly changing and developing. Please note that we place particular value on your observations of classroom behavior and your descriptive comments in each area. This evaluation will be kept in strict confidence and used solely to help form a thoughtful admissions decision. If you would like to have a discussion about this student with the Office of Admissions, please call Tamara Kesselman (Director of Admissions) at 617-232-4452 x409.

Name of Student: _____
Last First Middle

Date of Birth: _____ Application for Grade: _____ Grade Level(s) in Current Class: _____ Class Size: _____

I have known this child for _____ years _____ months. My relationship has been that of _____.

Is child generally on time for school? YES NO Attendance pattern: _____

What are the first words that come to mind to describe this child? _____

SOCIAL/EMOTIONAL DEVELOPMENT

Please circle best descriptor.

COMMENTS

Demonstrates sense of integrity and responsibility	<i>consistently</i>	<i>usually</i>	<i>occasionally</i>	<i>seldom</i>	
Consideration for others	<i>very considerate</i>	<i>usually considerate</i>	<i>inconsiderate</i>	<i>unkind</i>	
Social relationship with peers	<i>very mature</i>	<i>average</i>	<i>somewhat immature</i>	<i>relates poorly</i>	
Leadership ability	<i>excellent</i>	<i>good</i>	<i>average</i>	<i>poor</i>	
Emotional maturity	<i>very mature</i>	<i>average</i>	<i>somewhat immature</i>	<i>very immature</i>	
Self-confidence	<i>healthy self-image</i>	<i>needs some support</i>	<i>seems overly confident</i>	<i>poor self-image</i>	
Sense of humor	<i>highly developed</i>	<i>age appropriate</i>	<i>developing</i>	<i>poorly developed</i>	
Self-control	<i>excellent</i>	<i>usually good</i>	<i>occasionally disruptive</i>	<i>frequently disruptive</i>	
Interaction with teacher/adults	<i>healthy/ comfortable</i>	<i>is uneasy</i>	<i>is dependent</i>	<i>avoids contact</i>	

ACADEMIC DEVELOPMENT Please ✓ best descriptor.

Classroom Characteristics *consistently usually occasionally seldom N/A* COMMENTS

Listens attentively						
Follows directions						
Contributes effectively to class discussions						
Works well independently						

(over, please)

**Classroom Characteristics
(continued)**

	<i>consistently</i>	<i>usually</i>	<i>occasionally</i>	<i>seldom</i>	<i>N/A</i>	COMMENTS
Organizes self/materials						
Works well in small groups						
Demonstrates creativity						
Seeks help when needed						
Responds positively to suggestions/requests						
Completes homework on time						
Moves easily from one activity or space to another						

Language Arts

	<i>outstanding</i>	<i>above average</i>	<i>average</i>	<i>below average</i>	<i>N/A</i>	COMMENTS
Reading decoding/speed						
Reading comprehension						
Literal comprehension (recall of facts/details)						
Vocabulary						
Grammar						
Spelling						
Writing: Organization						
Topic development						
Expository						
Creative						
Handwriting skills						

Mathematics

	<i>outstanding</i>	<i>above average</i>	<i>average</i>	<i>below average</i>	<i>N/A</i>	COMMENTS
Demonstrates problem-solving skills						
Recognizes patterns in numbers						
Understands place value through decimals						
Understands operations with fractions and decimals						
Computation skills						
Spatial problem-solving skills						

Other Subjects	<i>outstanding</i>	<i>above average</i>	<i>average</i>	<i>below average</i>	<i>N/A</i>	COMMENTS
Art						
Athletics						
Foreign Language						
Keyboarding skills						
Music						
Science						
Social Studies						

General	<i>outstanding</i>	<i>above average</i>	<i>average</i>	<i>below average</i>	<i>N/A</i>	COMMENTS
Academic potential						
Level of motivation						
Problem-solving skills						
Ability to understand abstract concepts						
Willingness to take risks						

PARENT AND FAMILY INFORMATION *Please ✓ best descriptor.*

Has/have the parent(s) of this child been:	<i>consistently</i>	<i>usually</i>	<i>occasionally</i>	<i>seldom</i>	<i>N/A</i>	COMMENTS
Supportive of the child's experience						
Supportive of your school's programs/routines						
Supportive of you as a teacher						
Responsive to suggestions/guidance						
Realistic in setting educational goals						
To your knowledge, is the parent's perception of the child consistent with the school's understanding of the child?						

CLOSING

Please comment on this child's ability to meet the expectations of your school. Have you adjusted your program to accommodate the needs or abilities of this child?

We encourage any other information which you think would be helpful. Include comments concerning strengths, weaknesses, or any special needs or concerns of this child and/or family. Please feel free to write in the space below and/or on a separate sheet of paper.

TEACHER/SCHOOL DIRECTOR INFORMATION

Name: _____ Date: _____

School Name: _____ Telephone: _____

School Address: _____

I have known this child for _____ years _____ months. My relationship has been that of _____.