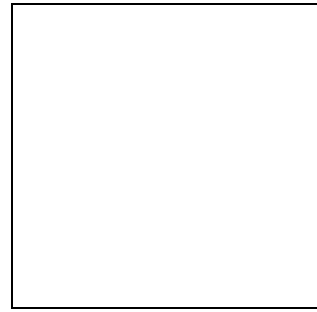




APPLYING FOR GRADE _____

Insert Photo Please



ADMISSION APPLICATION

Child's Full Name _____ Date of Birth _____ M/F (circle one)

Name Child is Called _____ Child's Hebrew Name _____ Place of Birth _____

Street _____ City _____ State _____ Zip _____

Language Spoken at Home _____ 2nd Language _____

Contact Phone _____ Contact Email _____

Child lives with (primary home) _____ (secondary home) _____

Current School _____ Current Synagogue Affiliation _____

Religion

Jewish Y/N _____ (If applicable) Converted by _____

Siblings

| | | |
|------------|-----------|---------------------------------|
| Name _____ | DOB _____ | Current School/Pre-School _____ |
| Name _____ | DOB _____ | Current School/Pre-School _____ |
| Name _____ | DOB _____ | Current School/Pre-School _____ |
| Name _____ | DOB _____ | Current School/Pre-School _____ |

Previous School Information

| | |
|------------|---------------------------------|
| Name _____ | Years and grades attended _____ |
| Name _____ | Years and grades attended _____ |
| Name _____ | Years and grades attended _____ |

Camp Experience

| | | |
|------------|---------------|------------|
| Name _____ | Address _____ | Year _____ |
| Name _____ | Address _____ | Year _____ |
| Name _____ | Address _____ | Year _____ |

Religious School Information (if applicable)

| | |
|------------|---------------------------------|
| Name _____ | Years and grades attended _____ |
| Name _____ | Years and grades attended _____ |

Parent Information

Parent 1

Title _____
Full Name _____ Hebrew Name _____
Home Address _____

Home Telephone _____ Cell Phone _____
Email _____ Best way to be reached _____
Employer _____ Occupation _____
Work Address _____
Work Phone _____ Work Email _____

General Education

College _____ Graduate _____
Jewish Education _____

Communal Affiliations

Parent 2

Title _____
Full Name _____ Hebrew Name _____
Home Address _____

Home Telephone _____ Cell Phone _____
Email _____ Best way to be reached _____
Employer _____ Occupation _____
Work Address _____
Work Phone _____ Work Email _____

General Education

College _____ Graduate _____
Jewish Education _____

Communal Affiliations

Please describe your child's school experience:

Has your child received any support or enrichment (at school or privately)? Please explain:

Please discuss any medical concerns you might have for your child such as allergies or asthma:

What would you like us to know about your child and/or family?

Bi-Cultural Day School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions, scholarships, athletic and other school administered programs.

Completion of this application does not guarantee an offer of admission to Bi-Cultural Day School.

Are you in need of tuition assistance? YES ___ NO ___

- Please complete tuition assistance application.
- Register at: SSS Financial Aid Form Online at <http://sssbynais.org/parents/apply/step-by-step-guide>
- Submit copies of personal and/or business tax returns and a printed copy of SSS Parents Financial Statement.
- Submit IRS Form #4506 (sign at X)

Please sign and return this application with:

- \$100 non-refundable application fee.
- Release of Information Form
- Birth Certificate

How did you hear about BCDS?

Ad (specify) _____ Word of mouth Synagogue Realtor Friend _____
Web Site Other (specify) _____

PLEASE SIGN AND DATE:

Signature _____ **Date** _____

Signature _____ **Date** _____

We thank you for the opportunity to learn more about your family.



BCDS is a recipient agency of United Jewish Federation of Greater Stamford, New Canaan and Darien, UJA/Federation of Greenwich and Federation for Jewish Philanthropy of Upper Fairfield County