



**SEATTLE JEWISH
COMMUNITY SCHOOL**

**Admissions Procedures
Grades 1-5 2010-11**

We want children to thrive in the SJCS environment; therefore, we seek a match between the school and each student. Four major factors are considered in making a decision for acceptance to SJCS. These include:

1. Readiness for the dual curriculum
2. Cognitive and social skills
3. Transcripts and input from current teachers/school
4. Observation of student in the SJCS setting and/or interview with student

The procedure for application to Grades 1-5 at SJCS is:

- Completion of the admission application and payment of \$100 application fee, no later than January 14, 2010
- Completion of Request for Transcripts Form and SJCS' receipt of the Teacher Comment Form
- Observation and/or interview

Children who would be a good match for our program, but for whom space is not available, will be put in a wait pool and offered a space, should one become available.

Dates to Remember

- Open Houses for Prospective Parents:
Sunday, November 15, 2009 2:00 p.m.
Thursday, December 10, 2009 7:00 p.m.
Tuesday, January 5, 2010 7:00 p.m.
- Admission application and fee due. Tuition Assessment for financial aid application due, if applicable:
Thursday, January 14, 2010
- Observation and/or interview:
By appointment
- Admissions offers mailed:
Thursday, March 18, 2010
- Acceptance of admission with tuition deposit and signed contract in order to guarantee placement:
Friday, March 26, 2010
- New Family Ice Cream Social:
Sunday, April 18, 2010 2:00 – 3:00 p.m.



**SEATTLE JEWISH
COMMUNITY SCHOOL**

**Application Form
2010-11 School Year**

Please affix
your child's
photo here.

Please complete and return this form with a one-time-only, non-refundable \$100 application fee to:
Deborah Frockt, Director of Advancement, 12351 8th Avenue NE, Seattle WA 98125. **The deadline is
January 14, 2010.**

Student Name: _____ Nickname: _____ Gender: M F

Address: _____

City: _____ Zip: _____ Home Phone: _____

Parent #1's Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Parent #2's Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Student lives with: Both Parents _____ Parent #1 _____ Parent #2 _____ Other _____

Grade entering September, 2010: _____ Birth date: _____

Name(s) and birth date(s) of siblings (if any)

Name: _____ Birth date: _____ Grade: _____ Name: _____ Birth date: _____ Grade: _____

Name: _____ Birth date: _____ Grade: _____ Name: _____ Birth date: _____ Grade: _____

Synagogue Affiliation (if any): _____

Languages spoken at home: English _____ Hebrew _____ Russian _____ Other _____

Current School: _____

Address: _____

I am enclosing a non-refundable check in the amount of \$100 (Application Fee)

Parent signature: _____ Date: _____

For office use
Check # _____
Amount \$ _____
Date Received _____



**SEATTLE JEWISH
COMMUNITY SCHOOL**

**Parent Comment Form
2010-11 School Year**

We see ourselves as your partners in educating your child. Please share your hopes and dreams for him/her for the 2010-11 school year.

Child's Name: _____

I/we are looking at SJCS for my/our child because _____

My/our child is _____

My/our child's strengths are _____

My/our child's challenges are _____

Parent signature: _____ Date: _____

Parent signature: _____ Date: _____



**SEATTLE JEWISH
COMMUNITY SCHOOL**

**Request for Transcripts and
Student Information
Grades 1-5 2010-11**

Student Name

Grade

Birth date

Present or Previous School

Address

City, State, Zip

Phone #

Fax #

Please have your child's most recent school send copies of your child's transcript, together with test scores and relevant student records to:

Deborah Frockt
Director of Advancement
Seattle Jewish Community School
12351 8th Avenue NE
Seattle, WA 98125

Parent Release:

Under the provisions of Public Law #93-380, I hereby give my permission to release to the Seattle Jewish Community School the information requested above.

Signature of Parent or Guardian

Date



**SEATTLE JEWISH
COMMUNITY SCHOOL**

**Teacher Comment Form
Grades 1-5 2010-11
Confidential**

Child's Name: _____ Birth date: _____

This form is to be completed by the student's current or most recent teacher. It will be used by the SJCS admission team to help assess this child's educational needs. Please complete this form and return it *with a transcript* to:

Deborah Frockt
Director of Advancement
Seattle Jewish Community School
12351 8th Avenue NE
Seattle, WA 98125

Please describe this student's:

1. Strengths in building social relationships.

2. Challenges in building social relationships.

Please rate the following academic skills in relation to grade level norms:

	Significantly Below	Below	At Grade Level	Above	Significantly Above
Reading					
Math					
Listening					
Verbal					
Writing					
Work Habits					
General Behavior					

Do you recommend this student for a dual-language curriculum? Yes No
Please explain.

(over)

Please describe the student's:

1. Greatest challenges in reaching his/her potential.

2. Greatest strengths in what s/he brings to a classroom environment.

Please share any other relevant information that will help our understanding of this student's experience in an educational setting.

Completed by: _____
Printed Name Signature

Position: _____

Date: _____

May we contact you for additional information about this student?

Yes_____ No_____ E-Mail _____ Phone # _____

Please feel free to call Deborah Frockt, Director of Advancement at 206.522.5212 to provide additional information.