



**BNOS YISROEL OF BALTIMORE - 2020-2021
APPLICATION / INFORMATION FORM**

Please check grade applying for:

Current Date: _____

- | | |
|--|---|
| <input type="checkbox"/> Junior Nursery (age 3 by 8/31/20) | <input type="checkbox"/> Fifth Grade (Age 10) |
| <input type="checkbox"/> Senior Nursery (age 4 by 8/31/20) | <input type="checkbox"/> Sixth Grade (Age 11) |
| <input type="checkbox"/> Kindergarten (age 5 by 8/31/20) | <input type="checkbox"/> Seventh Grade (Age 12) |
| <input type="checkbox"/> First Grade (age 6) | <input type="checkbox"/> Eighth grade (Age 13) |
| <input type="checkbox"/> Second Grade (age 7) | |
| <input type="checkbox"/> Third Grade (Age 8) | |
| <input type="checkbox"/> Fourth Grade (Age 9) | |

*If applying for High School, please call for the High School application

Child's Name: _____
Last
First
Middle

Name/Nickname your child prefers: _____ Birthday: _____

Home Phone: _____ Best Cell Phone: _____

Child's Name in Hebrew Characters: _____
First
Middle
Last

Address: _____
Street
City
State
Zip

Father's Name: _____ **Circle one:** Rabbi Dr. Mr.

Cell phone: _____ **Email:** _____

Home Address and Phone (if different) _____

Education: Yeshiva: _____ Secular: _____

Occupation _____

Business (Name & Address): _____ Business Phone: _____

Mother's Name: _____ Maiden Name: _____

Cell phone: _____ **Email:** _____

Home Address and Phone (if different) _____

Education: Yeshiva: _____ Secular: _____

Occupation _____

Business (Name & Address): _____ Business Phone: _____

What shul does your family attend? _____

Rov's Name: _____ Rov's Phone: _____

Paternal Grandparents:

Grandfather: _____ Circle one: Rabbi Dr. Mr.

Grandmother: _____ Circle one: Mrs. Dr. Ms.

Address: _____
_____ City/State/Zip _____

Email: _____ Phone: _____

Maternal Grandparents:

Grandfather: _____ Circle one: Rabbi Dr. Mr.

Grandmother: _____ Circle one: Mrs. Dr. Ms.

Address: _____
_____ City/State/Zip _____

Emergency Phone Number if neither parent can be reached:

Name	Relation to child	Phone number

Pediatrician: _____ Phone: _____

Allergies (if any): _____

Child's Siblings:

Name	School	Grade	Name	School	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

School Child Previously Attended: _____ Grade completed last year _____

Principal/Director _____ Phone/Email: _____

Who can we thank for recommending Bnos Yisroel? _____

Tell us about your child (special abilities, needs, medical issues, therapies, testing, etc.):

Please verify: My child has received all vaccinations to date (yes/no)? _____

Was your child adopted or converted to Judaism (yes/no)? _____

Was either parent adopted or converted to Judaism (yes/no)? _____

Was any grandparent adopted or converted to Judaism (yes/no)? _____

If you have answered 'yes' to any of the three preceding questions, please attach a copy of your conversion certificate to this application.

Is either parent deceased, divorced, or remarried (yes/no)? _____

Prior to acceptance, divorced parents will be required to provide documentation regarding custody, visitation and tuition arrangements. Bnos Yisroel has a policy regarding parent rights and responsibilities which explains our policies for dual households. In most cases both parents will receive all official communications from the school. This application must be signed by both parents: if this is not possible please contact our Enrollment Office to explain further at 443-524-3200x 303.

Bnos Yisroel is excited about our innovative programming which provides special opportunities for students, parents and grandparents to grow together. Your signature below indicates that you give permission to Bnos Yisroel to use images and pictures taken during school and classroom activities.

Contact Information Sharing Policy: After a student is formally accepted to Bnos Yisroel, we can begin sharing your home address, phone number, cell phone and email information with our staff and affiliates (i.e. parents, PTBY). Primary phone and home address are always shared. If you would like to opt out of cell phone/email sharing please email businessoffice@bnosyisroel.org. Please note that Bnos Yisroel utilizes text messaging and email blast services to contact parents.

Once we receive your completed application, **we will contact you to schedule a personal interview and school tour.** After the meeting, you will be mailed an application status letter (accepted, not accepted, wait-listed). There are no fees to submit this application. If your child is accepted then a \$180 fee is required with enrollment confirmation. This fee is in addition to tuition. Tuition information will be emailed after Pesach I”H. Please complete and sign this application and submit to: Bnos Yisroel of Baltimore, 6300 Park Heights Avenue, Baltimore, MD 21215. If you have any questions please call us at 443-524-3200 x305, or contact us by email: businessoffice@bnosyisroel.org.

Thank you for your interest in Bnos Yisroel.

Father’s Signature

Date

Mother’s Signature

Date