



**BNOS YISROEL OF BALTIMORE 2023-2024
APPLICATION / INFORMATION FORM**

Please check grade applying for:

Current Date: _____

- Junior Nursery (age 3 by 9/1/23)
- Senior Nursery (age 4 by 9/1/23)
- Kindergarten (age 5 by 9/1/23)
- First Grade (age 6)
- Second Grade (age 7)
- Third Grade (Age 8)
- Fourth Grade (Age 9)

- Fifth Grade (Age 10)
- Sixth Grade (Age 11)
- Seventh Grade (Age 12)
- Eighth grade (Age 13)

☺ PLEASE ATTACH
STUDENT PHOTO HERE
OR EMAIL WITH
APPLICATION TO
BUSINESSOFFICE@
BNOSYISROEL.ORG

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

Child's Name: _____
Last First Middle

Name your child prefers: _____ Birthday: _____ Hebrew Birthday: _____

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

Home Phone: _____ Best Cell Phone: _____

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 _____

Email: _____ Phone: _____

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.):

Does your child receive any supplemental services (OT, PT, Speech, ABA etc.)

Please verify: My child has received all vaccinations to date and I have attached a copy of the record to this application (yes/no)? _____

Does your child take daily medication? (asthma, ADHD etc.)? _____

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 that include your daughter 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 in our annual directory, additional contact information is shared at the discretion of the Bnos Yisroel administration. 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.** 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

Records Request Form

Instructions: If you are completing this application for a student applying to grades 1 through 8 please complete this records release form:

Date: _____

Parents: Please sign this form and return it with your daughter's application so we can request records for your daughter from her current school.

Student's Name: _____

Current Grade: _____ Grade applying to: _____

Current School: _____

Phone Number for current school: _____

EMAIL ADDRESS FOR CURRENT SCHOOL: _____

I authorize the release of school records and recommendations to Bnos Yisroel of Baltimore. I hereby give permission for principals, teachers, and administrator to verbally communicate essential information regarding my child. I understand that all records and information are confidential and will not be available for student or parental review.

Parent's signature: _____ Date: _____

Please send the following records and student information:

- Academic Records
- Standardized testing (if applicable)
- Final transcript
- Other:
- Please confirm that tuition payments are up to date for this family.

Please send records to:

Bnos Yisroel of Baltimore
6300 Park Heights Ave.
Baltimore, MD 21215
Phone: 443-524-3200

Fax: 443-770-1860 Email: businessoffice@bnosyisroel.org