

# 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.). \_\_\_\_\_

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

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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.

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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).

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

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

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**ADDITIONAL COMMENTS**

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**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 K-1

(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: \_\_\_\_\_ Current Grade:  Nursery  Pre-K  Kindergarten

Days/Week Enrolled: \_\_\_\_\_ Hours/Day: \_\_\_\_\_ Size of Group: \_\_\_\_\_ Age Range: \_\_\_\_\_

### SOCIAL/EMOTIONAL DEVELOPMENT

	Exhibits Strength	Age Appropriate	Needs Development
Can be a friend			
Is supportive of peers			
Is comfortable with adults			
Plays alone happily			
Cooperates in play			
Shares well			
Initiates play activities			
Is imaginative			
Has the capacity to lead			
Has the capacity to follow			
Uses materials purposefully			
Exhibits appropriate humor			

Descriptive comments on social/emotional development:

### COGNITIVE DEVELOPMENT

	Exhibits Strength	Age Appropriate	Needs Development
Is attentive			
Listens in a group			
Contributes to group discussion			
Follows direction			
Works cooperatively			
Completes tasks			
Demonstrates ability to focus on one task			
Respects classroom routine			
Expresses ideas well			
Moves easily from one activity to another			
Responds positively to constructive criticism			
Is curious			
Is willing to try new activities			
Is a self-starter			
Enjoys new challenges			
Exhibits problem-solving abilities			

Descriptive comments on cognitive development:

## PHYSICAL DEVELOPMENT

	Exhibits Strength	Age Appropriate	Needs Development
Small muscle control or coordination			
Large muscle control and coordination			
Speech development (articulation)			

Please identify and describe any special needs, including auditory and visual development:

## PARENT AND FAMILY INFORMATION

Please comment on parent cooperation and support for the child's school experience.

## JUDAIC BACKGROUND AND KNOWLEDGE

Please describe the child's Judaic background and knowledge.

## FOR APPLICANTS TO GRADE 1 ONLY

A. Describe the child's emergent English literacy/reading and writing skills.

B. Describe the child's emergent Hebrew skills.

C. Describe the child's emergent math skills.

## FOR ALL APPLICANTS

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. You may wish to use 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 \_\_\_\_\_.