



APPLICATION INFORMATION

מידע לגבי הרשמה

Dear Parent/s שלום הורים,

I look forward to getting to know you and your child/ren during the application process for enrollment in the 2010/2011 school year. To begin, please submit the following materials:

- ___ The attached 2-sided JCDS Application Form
- ___ A non-refundable \$100 application fee (Please make your check payable to JCDS.)
- ___ The attached form to request Flexible Tuition materials if you wish to receive them
- ___ The attached Authorization for the Release of School Information

JCDS sends Student Evaluation Forms developed by the Association of Independent Schools in New England (AISNE) to the contact indicated on the Release Form. Please be sure to provide a complete mailing address for your child's current school program.

Don't hesitate to contact me with any questions that may arise about the school or about the application process.

B'vracha, בברכה

Helen Quint

Director of Admissions and Community Outreach

JCDS admits students of any race, color, national, or ethnic origin.



ENROLLMENT APPLICATION FOR 2010-2011

טופס הרשמה לתש"ע - תשע"א

Student Name: _____

Hebrew Name: _____ Nickname (if used): _____

Gender: _____ Date of Birth: _____ Place of Birth: _____

Address: _____

Phone Number: _____

Current School: _____ Current Grade: _____

Previous Schools Attended: _____

What language(s) does your child hear at home? _____

If you belong to a synagogue, temple, or a minyan, please indicate which one(s) _____

How did you hear about JCDS? _____

Parent/Guardian Information

Name: _____

Name: _____

Address (if different): _____

Address (if different): _____

Occupation: _____

Occupation: _____

Business Address: _____

Business Address: _____

Day Phone: _____

Day Phone: _____

Evening Phone: _____

Evening Phone: _____

E-mail: _____

E-mail: _____

Siblings

Name	Date of Birth	Gender	Current Grade	School
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

If you are interested in receiving an application for the JCDS Flexible Tuition Program (our financial assistance program), please see the appropriate page of this application packet. Your request for this information does not go through our admissions office.



ENROLLMENT APPLICATION FOR 2010-2011

טופס הרשמה לתש"ע - תשע"א

Tell us about your child, including special talents, interests, and needs. Use additional paper if needed.

Please describe your child's most recent school experience.

What are your expectations for your child?

What do you think your child's expectations are of him or herself?

In your view, what is the school's role in meeting those expectations?

If your child has had formal evaluations, please indicate the nature of these below, with dates, and forward the reports to the school. Please provide us with any other information or comments regarding your child which will help us to understand him/her.



ABOUT OUR FLEXIBLE TUITION PROGRAM

דירוג שכר הלימוד וטופס בקשה

High quality private education is an investment for a lifetime. While the cost of good education can be high, JCDS is committed to a policy of affordability and fairness so that tuition will not become a barrier to enrollment. **No family should hesitate to apply to JCDS because of the cost of tuition.** JCDS uses a sliding scale called Flexible Tuition to set the expected family contribution for each child enrolled. Once a child has been invited to enroll at JCDS, our Flexible Tuition Committee reviews the family's Flexible Tuition application to determine a grant if the family is eligible for one. The process is highly confidential.

Who Should Apply for Flexible Tuition?

Any family applying for admission to JCDS may apply for flexible tuition. The amount of money available for flexible tuition adjustments at JCDS for each school year is based on the expected enrollment and the overall budget of the school. Families who do not submit full financial information for review by the Flexible Tuition Committee, or families whose financial profiles do not qualify them for tuition adjustments will be expected to pay full tuition. The Flexible Tuition Committee may request additional information and will be in touch with you if they need some clarification. The Committee often finds a personal cover letter accompanying the packet very useful.

If you are interested in applying for Flexible Tuition, please return the bottom of this sheet to Ed Black in our Business Office when you submit an application for enrollment to our Admissions Office. The school's address is at the bottom of the page. Please mark the envelope CONFIDENTIAL. You may also email this information to FlexTuition@jcdsboston.org

Since Flexible Tuition amounts are determined by the Flexible Tuition Committee using guidelines issued by the nationally-recognized School and Student Service for Financial Aid (SSS), based in Princeton, NJ, you will be sent a copy of the SSS Parents' Financial Statement (PFS) to complete. If you have questions about the form or the procedure, call 617-972-1733 ext. 212 to speak with Ed Black in our Business Office. Please be sure to adhere to the deadlines for submission of all necessary information.

Request for Flexible Tuition Materials

To the JCDS Business Office

Date _____

Please send me the application package for Flexible Tuition:

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____

Email _____

For office use only:

Date request was received _____

Date packet was sent _____

Initials _____



AUTHORIZATION FOR RELEASE OF INFORMATION

אישור למסירת מידע למוסדות חינוכיים

I authorize release of information to JCDS regarding my child,

Name: _____ Date of Birth: _____

- Authorization for release of student records and reports
- Authorization for verbal communication if additional information might be helpful
- Authorization for JCDS to arrange for observation in other settings if additional information might be helpful

Parent's Signature _____ Date _____

Name of Preschool Program or School: _____

Address: _____

Contact Person: _____

Phone Number: _____

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Address: _____

Contact Person: _____

Phone Number: _____