

Application for Admission
Grades 1-8

Student Information

Name _____

Hebrew Name _____ Male Female

Date of Birth _____ Country of Birth _____

Applying for Grade: _____

Has the candidate previously applied to Manhattan Day School? Yes No If so, when? _____

Current School Information

School Name _____

Address _____

School's Phone Number _____

Dates/Grades Attended _____

Do you authorize MDS to contact your child's current school? Yes No

Previous Education Information

Name of School	Address	Date of Attendance	Grades
_____	_____	_____	_____
_____	_____	_____	_____

Family Information

Father/ Guardian

Name _____

Title _____

Hebrew Name _____

Home Address _____

Home Phone _____

Mother/ Guardian

Name _____

Title _____

Hebrew Name _____

Home Address _____

Home Phone _____

Form

Application

Father cont'd

Mother cont'd

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Employer Address _____

Employer Address _____

Are both parents living Yes No

Parents: Married Separated Divorced

Father remarried Yes No

Mother remarried Yes No

Name of Stepparent _____

Name of Stepparent _____

If parents are separated or divorced, who is the legal guardian Mother Father

To whom should admissions correspondence be sent? _____

Student Converted Yes No

Student Adopted Yes No

Conversion performed by _____ Phone # _____

Synagogue affiliation _____ City _____

Date of Conversion _____

Parent Converted Mother Father

Conversion performed by _____ Phone # _____

Synagogue affiliation _____ City _____

Date of Conversion _____

Grandparent Converted Yes No If so, which? _____

Conversion performed by _____ Phone # _____

Synagogue affiliation _____ City _____

Date of Conversion _____

Siblings

Name	Age	Current School/ Program
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alumni Relationships

Family members who have attended MDS	Year Graduated	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Paternal Grandparents _____

Address _____

Maternal Grandparents _____

Address _____

Synagogue Membership

Name of Synagogue _____

Name of Rabbi _____ Phone Number _____

Religious Observance

Does the family regularly attend synagogue services Yes No

What is the family's current practice with respect to religious observances such as Shabbat, Holidays and Kashrut? _____

Parent/ Guardian Recommendation

Please comment on your child’s social and emotional development. (does he/she get along well with his/her peers, is he/she outgoing, shy, aggressive, unusually active)

Has your child ever been referred for any evaluation? Yes No

Is your child currently receiving any therapeutic services Yes No

(Speech therapy, Physical therapy, Occupational therapy, Counseling, etc.)

If yes, attach most recent evaluations/ IEP.

Is there anything about your home life which will help us to better understand your child? (move? divorce/ separation?)

Parent’s/ Guardian’s signature _____

Date _____

***Please include a non-refundable \$250 application fee made out to Manhattan Day School**

If you have any questions, please contact:

Cindy Sherman
Director of Admissions
212-376-6800 ext. 834
csherman@mdsweb.org