

Application for Admission, Grades 1-6 2010-2011

Columbus Jewish Day School Application Checklist

Please use this checklist to ensure that you have completed all necessary steps in our application process.

- Complete and return pages 1-4 of the application to the school office by January 8, 2010.
- Include the non-refundable application fee of \$100.00.
- Give the *student information release form* (page 5) to your child's principal/head of school to be filled out and returned to CJDS by February 1, 2010.
- Give the *teacher recommendation form* (pages 6-8) to your child's current teacher to be filled out and returned to CJDS by February 1, 2010.
- If you have not yet toured CJDS or met with our director of admissions, contact Rebecca Gurk at ext. 3102.
- If applicable, submit application for financial aid by January 22, 2010.

Please remember that your application needs to be received at CJDS by January 8, 2010. Recommendations should be received by February 1, 2010. Late applications will be reviewed on a space-available basis.

General Family Information Form

Please mail this application to Director of Admissions,
Columbus Jewish Day School, with your **\$100 application fee.**



Grade applying for _____

Child's Information

Last Name

First Name

Name Child Prefers at School

Hebrew Name

Date of Birth

Place of Birth

Sex: F M

Mailing Address

City

State

ZIP code

Home Telephone

Public School District

Child Lives With (Names)

Relationship to Child

Current School

Name of School

Dates of Attendance

Address (street, city, ZIP)

Telephone

Current Grade

(continued on back)

[General Family Information Form, cont'd]

Parent/Guardian's Information

Name

Street Address

City, State, ZIP

Telephone – Home/Cell

E-Mail Address

Occupation/Vocation

Business Address (street, city, ZIP)

Business Telephone

Parent/Guardian's Information

Name

Street Address

City, State, ZIP

Telephone – Home/Cell

E-Mail Address

Occupation/Vocation

Business Address (street, city, ZIP)

Business Telephone

Other Children in Family

Name	Date of Birth	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Jewish Community Affiliation

- Synagogue(s) Which one(s)? _____
- JCC No affiliation

Parent(s)/Guardian(s) Signature(s)

Signature

Signature

Confidential Parental Questionnaire

We value the knowledge and understanding you have of your child. Please answer the following questions. Feel free to continue your answers or add information on a separate sheet of paper.

1. Describe the learning environment you feel would be best for your child. Include ideas about discipline, competition, formal vs. informal classroom structures, etc.

2. Does your child have a particular strength or interest you want to see nurtured or developed?

3. Please describe your child's social relationships, ease of separation, level of independence, relationship with adults and adjustments to new situations.

4. Please comment on your child's current experience in school, socially and academically.

5. What are your child's current favorite interests?

(continued on back)

Student Information Release Form – Grades 1-6

Parents: Please send this release form, along with the attached “Confidential Teacher Recommendation” form, to your child’s current school after you have signed the release section below.

Dear Principal/Head of School:

_____ has applied for admission to Columbus Jewish Day School. In order to complete the application, please forward her/his school records to our admissions office, including the following:

- Report cards of two prior school years
- Current semester report card
- Results of most recent standardized test scores (if any)
- Attendance record
- IEP’s and/or resource room records (if applicable)
- Speech, hearing, or vision screening evaluations (if any)
- Any other relevant information you might have to assist us in our assessment

All materials must be received by CJDS for the student’s application to be complete.

We appreciate your cooperation and thank you in advance for your assistance.

I authorize my child’s current school to release information to the CJDS admissions office. I understand that all material shared with the admissions office is confidential.

Student’s Full Name

Parent’s Signature

Date

Confidential Teacher Recommendation – Grades 1-6

Parents: Please complete the top portion of this form and give it to your child's *classroom teacher* after you have signed the release section below.

Student's Full Name

Date of Birth

Grade Entering Next Fall

Release (mandatory)

I give permission for _____ to complete this form and return it to CJDS. I understand that it will be used for admissions purposes only and will not become part of my child's permanent record.

Parent's Signature

Date

Dear Teacher:

The child named above has applied for admission to Columbus Jewish Day School. Thank you for taking the time to complete this *fully confidential* evaluation. Please feel free to add additional comments that you feel are important to help us understand this child. If you have questions, please call Rebecca Gurk, Director of Admissions, at (614) 939-5311 ext. 3102. Please return this form to **Admissions Office, Columbus Jewish Day School, 150 E. Granville Road, New Albany, Ohio 43054**. You may also fax the form (three pages) to us at (614) 939-5312.

Teacher's Name _____

Relationship to Applicant _____

School (& school district, if applicable) _____

School Address _____

School Phone _____ Date _____

(Continued on next page)

[Confidential Teacher Recommendation, cont'd] **Student Name** _____

A) Please comment on level of progress and achievement in the following areas; add grades if applicable.

Reading _____

Math _____

Is there ability grouping in these subjects? If so, please indicate which group (high, middle, low):

Reading _____ Math _____

Writing _____

Social Studies _____

Science _____

Judaics (if applicable) _____

Creative Arts _____

Physical Education/Athletics _____

Attendance Pattern _____

B) Has there been any disciplinary action for this student? If yes, please explain. _____

C) Does this student have any limitations or concerns? If yes, please explain. _____

D) Please fill out the evaluation on the reverse.

E) Summary evaluation: Relative to other students of the same age whom you have known, please summarize your assessment of this applicant.

(Continued on back)

[Confidential Teacher Recommendation, cont'd]

Student Name _____

D) Check the most appropriate description of the applicant. If, due to a student's age, a category is not applicable, please note.

Academic potential	<input type="checkbox"/> N/A	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Academic achievement	<input type="checkbox"/> N/A	<input type="checkbox"/> below expectation	<input type="checkbox"/> as expected	<input type="checkbox"/> better than tests	<input type="checkbox"/> exceeds expectation
Curiosity	<input type="checkbox"/> N/A	<input type="checkbox"/> little	<input type="checkbox"/> occasionally	<input type="checkbox"/> consistent	<input type="checkbox"/> marked
Oral expression	<input type="checkbox"/> N/A	<input type="checkbox"/> limited	<input type="checkbox"/> some difficulty	<input type="checkbox"/> average	<input type="checkbox"/> exceptional
Written expression	<input type="checkbox"/> N/A	<input type="checkbox"/> limited	<input type="checkbox"/> some difficulty	<input type="checkbox"/> average	<input type="checkbox"/> exceptional
Imagination	<input type="checkbox"/> N/A	<input type="checkbox"/> little	<input type="checkbox"/> fair	<input type="checkbox"/> active	<input type="checkbox"/> highly developed
Effort/motivation	<input type="checkbox"/> N/A	<input type="checkbox"/> limited	<input type="checkbox"/> sporadic	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Study habits	<input type="checkbox"/> N/A	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Ability to work in groups	<input type="checkbox"/> N/A	<input type="checkbox"/> great difficulty	<input type="checkbox"/> some difficulty	<input type="checkbox"/> good	<input type="checkbox"/> always works well
Ability to work alone	<input type="checkbox"/> N/A	<input type="checkbox"/> needs much help	<input type="checkbox"/> needs some help	<input type="checkbox"/> good	<input type="checkbox"/> always works well
Use of time	<input type="checkbox"/> N/A	<input type="checkbox"/> poor	<input type="checkbox"/> occasionally wastes	<input type="checkbox"/> good	<input type="checkbox"/> always effectively
Follows directions	<input type="checkbox"/> N/A	<input type="checkbox"/> rarely	<input type="checkbox"/> needs explanation	<input type="checkbox"/> usually	<input type="checkbox"/> quickly & effectively
Seeks help when needed	<input type="checkbox"/> N/A	<input type="checkbox"/> rarely	<input type="checkbox"/> occasionally	<input type="checkbox"/> usually	<input type="checkbox"/> always
Attention span	<input type="checkbox"/> N/A	<input type="checkbox"/> easily distracted	<input type="checkbox"/> sometimes distracted	<input type="checkbox"/> good	<input type="checkbox"/> exceptionally attentive
Maturity	<input type="checkbox"/> N/A	<input type="checkbox"/> very immature	<input type="checkbox"/> somewhat immature	<input type="checkbox"/> mature	<input type="checkbox"/> impressive
Respect for others	<input type="checkbox"/> N/A	<input type="checkbox"/> disrespectful	<input type="checkbox"/> usually respectful	<input type="checkbox"/> respectful	<input type="checkbox"/> highly respectful
Interaction with peers	<input type="checkbox"/> N/A	<input type="checkbox"/> relates poorly	<input type="checkbox"/> occasional problems	<input type="checkbox"/> healthy	<input type="checkbox"/> extremely popular
Reaction to criticism	<input type="checkbox"/> N/A	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Leadership potential	<input type="checkbox"/> N/A	<input type="checkbox"/> follower	<input type="checkbox"/> sometimes	<input type="checkbox"/> often	<input type="checkbox"/> natural leader
Initiative	<input type="checkbox"/> N/A	<input type="checkbox"/> never initiates	<input type="checkbox"/> rarely initiates	<input type="checkbox"/> occasionally	<input type="checkbox"/> often initiates
Classroom conduct	<input type="checkbox"/> N/A	<input type="checkbox"/> frequent disruption	<input type="checkbox"/> some misconduct	<input type="checkbox"/> usually good	<input type="checkbox"/> excellent
Sense of humor	<input type="checkbox"/> N/A	<input type="checkbox"/> rarely laughs	<input type="checkbox"/> sometimes laughs	<input type="checkbox"/> good	<input type="checkbox"/> delightful
Self-confidence	<input type="checkbox"/> N/A	<input type="checkbox"/> poor	<input type="checkbox"/> needs some support	<input type="checkbox"/> usually good	<input type="checkbox"/> positive self-image
Reads for pleasure	<input type="checkbox"/> N/A	<input type="checkbox"/> never	<input type="checkbox"/> specific topics only	<input type="checkbox"/> enjoys reading	<input type="checkbox"/> frequently

Please return to Columbus Jewish Day School, 150 E. Granville Road, New Albany, Ohio 43054; (614) 939-5312 (fax).

Policies

Organization

The Head of School leads the daily operations of the school, implementing the policies of a Board of Trustees representing all segments of the Central Ohio Community.

Religious Pluralism

CJDS is committed to fostering a sense of Jewish community by honoring the diversity of Jewish belief and observance in every aspect of the daily life of the school. CJDS is not affiliated with any religious organization, nor is it identified with any specific segment of the Jewish religious community. The beliefs and practices of all forms of Judaism are embraced and celebrated.

Gender Equality

All CJDS students have the opportunity to participate together and equally in all activities and observances; each family's preferences in this matter are respected.

Religious Studies and Observance

The school experience includes daily rituals, such as prayer and observance of tradition. The curriculum integrates age-appropriate studies of classic texts from the earliest grades.

Columbus Jewish Day School recruits and admits students of any race, color or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency-ordered or public school district –initiated desegregation. Columbus Jewish Day School will not discriminate on the basis of race, color, gender or ethnic origin in the hiring of its certified or non-certified personnel.

Tuition and Financial Support

Columbus Jewish Day School is committed to making excellent, full-time Jewish education available and affordable to every Jewish family in the Columbus area. For that reason, we make every effort to keep tuition rates as reasonable as we can without compromising the quality of the education.

We have been able to keep tuition at a level that covers only part of the real cost to educate a child in our two-teacher model. The remainder is paid through generous contributions from the community, in effect subsidizing every student admitted to CJDS.

Financial aid is available for families who cannot otherwise provide this education for their children, based on the evaluation and recommendation of a well-respected consulting firm specializing in financial aid decisions.

This process has been developed to maintain privacy, objectivity and discretion for all parties to the financial aid decision process.

Financial aid applications are available upon request at the time of application.