



Application for Enrollment

12500 NW Military Hwy. Suite 150 • San Antonio, Texas 78231 • (210) 302-6900 • Fax (210) 302-6913

Date:

Student's Name:

First

Middle

Last

(Name Used)

Gender: **F** **M**

Student's Hebrew Name:

Date of Birth:

Social Security Number:

Present Grade:

Grade Entering in August:

Student's Home Address:

Street

Apt

City

State

Zip

Home Phone

Synagogue Affiliation:

Other

Physician Information

Name of Physician:

Telephone:

Physician's Address:

Student lives with: (please check all that apply)

both parents

mother only

father only

mother and stepfather

father and stepmother

other, please describe

(List your name(s) as you wish it (them) to be used for correspondence.)

Father:

Mother:

Name:

Name:

Home Address:(if different from student)

Home Address:(if different from student)

Home Phone:(if different from student)

Home Phone:(if different from student)

Occupation:

Occupation:

Employer:

Employer:

Position/Title:

Position/Title:

Work address:

Work address:

Work phone:

Work phone:

Pager/mobile:

Pager/mobile:

E-mail Address:

E-mail Address:

Paternal Grandparents:

Name:

Address:

City, State, Zip:

Send mailing for newsletters events

Paternal Step Grandparents:

Name:

Address:

City, State, Zip:

Send mailing for newsletters events

Maternal Grandparents:

Name:

Address:

City, State, Zip:

Send mailing for newsletters events

Maternal Step Grandparents:

Name: _____

Address: _____

City, State, Zip:

Send mailing for newsletters events

Is child adopted? Does child know?

This information will be kept confidential.

Siblings:

Name	Sex	Age	School	Current Grade
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Are languages other than English used in the home? Yes _____ No _____ If yes, specify which language(s) and how used.

Schools previously attended (indicate school now attending, if any).

School	Address (Street, City, State, Zip)	Grade - Years
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Guidance, Behavior, Personality:

Please describe any special circumstances that might be a factor in your child's behavior and adjustment (illness, divorce, new baby, family issues, other factors etc.):

Please list any allergies.

Please describe any physical disabilities of your child:

Please describe your child's personality:

Please provide any other information about your family or your child, which you feel might help us to know him/her better.

Signature of parent/guardian _____ Date _____

New Student Application fee of \$100.00 must accompany this application.

Eleanor Kolitz Academy admits qualified students of any race, color, gender, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of its educational policies, admissions policies, athletic and other school administered programs.

For Office Use Only

For New Students		For New and Returning Students	
_____	Application Fee	_____	Enrollment Contract
_____	Confidential School Report/	_____	Registration Fee
_____	Transcript Release Form	_____	Book/Activity Fee
_____	Birth Certificate	_____	Health and Medical Record
_____	Parent/Child Interview	_____	Student Emergency Card(s)
_____	Parent Acknowledgment	_____	Transportation Permission Form

For Kindergarten Applicants Only

Is child managed easily? _____ Fairly easily? _____ Difficult? _____

For what do you most often discipline? _____

How does he/she react when denied something he/she wants? _____

How does child adjust to new situations? Readily _____ Slowly _____ Explain: _____

How does child react when parents go out? _____

Is child extremely dependent on any individual? _____

Check the characteristics that best describe your child:

_____ Affectionate	_____ Friendly	_____ Loner
_____ Aggressive	_____ Follower	_____ Mature
_____ Bossy	_____ Happy	_____ Moody
_____ Considerate	_____ Immature	_____ Responsible
_____ Demanding	_____ Irritable	_____ Shy
_____ Dependent	_____ Leader	_____ Stubborn

Hours of sleep the child typically gets at night: _____ Afternoon nap? _____

Has your child ever received psychological testing? If yes, by whom? _____ May we have permission to get a copy of the test results? _____

Play

Has child had any group experience (Sunday school, play group, preschool)? _____

Does child play with others? Always _____ Sometimes _____ Seldom _____

Are there any difficulties in play? If so, what? _____