

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.). _____

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

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.

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).

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

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

ADDITIONAL COMMENTS

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 IN NEW ENGLAND

STUDENT EVALUATION IN MATHEMATICS

(For candidates in Grades 6-12. Modified with permission from AISNE.)

Name of Student: _____ Current Grade: _____
Last First

How long have you known this student and in what context? Please list courses you have taught him/her and the level of course difficulty (accelerated, honors, regular, etc.).

What are the first words that come to your mind to describe this student?

Please list the topics covered in this year's course, or specify if Algebra I, Algebra II or Plane Geometry.

Title(s) and author(s) of text(s) used:

To what degree has the student mastered the material covered in this course so far?

Describe the student's ability in problem solving and in dealing with abstract concepts.

Describe the student's class participation and working relationship with the following people:

a. Other Students

b. Adults

For applicants to Grades 6-9, please indicate the applicant's performance in the following areas:

| | Below Grade Level | Consistent with Grade Level | Above Grade Level |
|-----------------------------|-------------------|-----------------------------|-------------------|
| Addition | | | |
| Subtraction | | | |
| Multiplication | | | |
| Division | | | |
| Decimals | | | |
| Integers | | | |
| Positive & Negative Numbers | | | |
| Fractions | | | |

(over, please)

ACADEMIC EVALUATION (Please place a check on each line at the point which most accurately describes the student.)

| | | | | | |
|-------------------------------|------------------------|-------------------------|-------------------------------|---------------------------|---------------------------|
| ACADEMIC POTENTIAL | limited | fair | average | good | outstanding |
| EFFORT AND PERSEVERANCE | does very little | some desire | well-motivated | sets high goals | perseveres under pressure |
| STUDY HABITS | poor | fair | good | excellent | |
| INTELLECTUAL CURIOSITY | limited | occasional spark | in one area only | strong and varied | intense and varied |
| ABILITY TO WORK INDEPENDENTLY | needs much supervision | needs help frequently | needs help occasionally | always works well | |
| USE OF TIME | uses poorly | occasionally wastes | usually uses well | always uses effectively | |
| FOLLOWS DIRECTIONS | needs much explanation | occasionally needs help | quick and effectively | | |
| ATTENTION SPAN | easily distracted | occasionally distracted | usually good | exceptional concentration | |
| CREATIVITY AND ORIGINALITY | tends to follow | occasional spark | generates ideas independently | usually original | |

PERSONAL EVALUATION (Please place a check on each line at the point which most accurately describes the student.)

| | | | | | | |
|---------------------------------|------------------------|-----------------------|--------------------------|----------------------|-------------|------------|
| INTEGRITY AND HONESTY | cannot be trusted | questionable | usually trustworthy | highly developed | | |
| CONSIDERATION OF OTHERS | thoughtless | seldom considerate | usually considerate | unusually supportive | | |
| SOCIAL ADJUSTMENT WITH PEERS | serious problems | loner | scapegoat | friendly | leader | peacemaker |
| CLASSROOM CONDUCT | troublemaker | occasionally disrupts | dominates | usually good | always good | |
| INITIATIVE (wholesome) | never initiates | rarely shown | occasionally initiates | frequent display | | |
| EMOTIONAL STABILITY | insecure | overly tense | attention getter | stable | | |
| SELF-CONFIDENCE | needs much reassurance | needs some support | appears overly confident | healthy self-image | | |
| FULFILLS RESPONSIBILITIES | rarely | sometimes | usually | always | | |
| COOPERATION OF PARENTS/GUARDIAN | poor | fair | good | outstanding | | |

Please comment on this student's character and personality (e.g. maturity, peer relationships, sense of humor, enthusiasm, etc.) and any strengths or weaknesses that should be noted.

TEACHER INFORMATION

Teacher Name: _____ Date: _____
School Name: _____ Telephone: _____
School Address: _____

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ASSOCIATION OF INDEPENDENT SCHOOLS IN NEW ENGLAND

STUDENT EVALUATION IN ENGLISH

(For candidates in Grades 6-12. Modified with permission from AISNE.)

Name of Student: _____ Current Grade: _____
Last First

How long have you known this student and in what context? Please list courses you have taught him/her and the level of course difficulty (accelerated, honors, regular, etc.).

What are the first words that come to your mind to describe this student?

Please evaluate the student in the following areas:

| | Below Grade Level | Consistent with Grade Level | Above Grade Level |
|---|-------------------|-----------------------------|-------------------|
| Vocabulary | | | |
| Oral | | | |
| Written | | | |
| Reading | | | |
| Speed | | | |
| Accuracy | | | |
| Capacity for Drawing Appropriate Inferences | | | |
| Ability to Move from Literal to Figurative Interpretations | | | |
| Writing | | | |
| Sentence Structure | | | |
| Clarity of Style | | | |
| Ability to Organize Ideas in a Logical Sequence | | | |
| Spelling | | | |
| Punctuation | | | |

Please discuss the student's overall performance in relation to his/her ability.

Describe the student's class participation and working relationship with the following people:

a. Other Students

b. Adults

ACADEMIC EVALUATION (Please place a check on each line at the point which most accurately describes the student.)

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School Name: _____ Telephone: _____
School Address: _____

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LIMUDEI KODESH (JUDAIC STUDIES) RECOMMENDATION

(For candidates in Grades 6-12.)

To be completed with care and thoughtfulness by a Judaic Studies principal or teacher. Parents: please provide a stamped, addressed envelope to the recommender along with this form so that he or she may return it directly to Maimonides School's Office of Admissions at the address above.

Name of Student: _____ Current Grade: _____
Last First

Please comment on the student's *middot* (character traits) and general behavior.

Please comment on the student's attitude toward Torah values and *shmirat ha'mitzvot* (observance of mitzvot).

What are your general impressions of the student's academic performance?

PRINCIPAL/TEACHER INFORMATION

Relationship to Student: _____

Name of Person Completing Form: _____ Date: _____

School Name: _____ Telephone: _____

School Address: _____