

APPLICANT INFORMATION

To be completed by the applicant's parent or guardian

Applying to enter Grade _____ in Fall 2017

Applicant's Name _____
First Middle Last

Preferred Name/Nickname _____ Male Female

Date of Birth _____ Place of Birth _____
Month Day Year City State Zip

Applicant's Home Address _____
Street/Post Office Box

_____ Applicant's Home Phone (_____) _____
City State Zip Area Code

Applicant lives with: Parents Mother Father Other (please specify) _____

Has the applicant previously applied to Wise School? Yes No Year of application _____ Grade _____

Please affix a recent photograph of the applicant.

Please affix a recent photograph of parent 1

Please affix a recent photograph of parent 2

CURRENT SCHOOL INFORMATION (IF APPLICABLE)

Applicant's Current School _____ Current Grade _____

School Head or Principal _____

School Address _____
Street City State Zip

School Phone (_____) _____ Check if: Public Private
Area Code

OFFICE USE ONLY

Date Received _____ Check # _____ M# _____ ID# _____

FAMILY INFORMATION

PARENT 1

Please circle:

Mr./Mrs./Ms./Dr./Rabbi

First Middle Last

Relationship: Father Stepfather
 Mother Stepmother
 Other (please specify)

Home Address _____
Street/Post Office Box

City State Zip

Home Phone (_____) _____
Area Code

Cell Phone (_____) _____
Area Code

Number of years at this address _____

E-mail Address _____

Nation of Birth _____ Birthdate _____

Industry _____

Job Specialty _____

Occupation _____

Job Title _____

Business Address _____

Business Phone (_____) _____
Area Code

Educational Background
School Degree/Subject Year of Graduation

Marital Status: Married Single Divorced Separated Widowed Domestic Partner

Please Note: If parents live separately, admission correspondence and billing statements can only be sent to one address. Please indicate to which address you prefer all correspondence be sent.

Parent 1 Parent 2 Other (please specify) _____

Address (if not listed above): _____

In the case of separation or divorce, it is necessary for the School to have the signatures of both natural parents.

Signature _____ Date _____ Signature _____ Date _____

PARENT 2

Please circle:

Mr./Mrs./Ms./Dr./Rabbi

First Middle Last

Relationship: Father Stepfather
 Mother Stepmother
 Other (please specify)

Home Address _____
Street/Post Office Box

City State Zip

Home Phone (_____) _____
Area Code

Cell Phone (_____) _____
Area Code

Number of years at this address _____

E-mail Address _____

Nation of Birth _____ Birthdate _____

Industry _____

Job Specialty _____

Occupation _____

Job Title _____

Business Address _____

Business Phone (_____) _____
Area Code

Educational Background
School Degree/Subject Year of Graduation

FAMILY INFORMATION (continued)

Please list siblings of the applicant:

Name _____ DOB _____ Gender ____ Grade ____ School Attending _____

Name _____ DOB _____ Gender ____ Grade ____ School Attending _____

Name _____ DOB _____ Gender ____ Grade ____ School Attending _____

Name _____ DOB _____ Gender ____ Grade ____ School Attending _____

How did you hear about Wise School? _____

Name and relationship of any friends/relatives who have attended Wise School _____

Primary language spoken at home _____ Additional languages spoken at home _____

FINANCIAL AID

If you wish to apply for financial aid, please click [here](#).

TEMPLE MEMBERSHIP

Are you currently a member of Stephen Wise Temple? Yes No

Are you a member of any other Temple? Yes No

Name of Temple _____ Dates of Membership _____ to _____

PLEASE NOTE: If your child attends Wise School, Temple membership is required.

APPLICANT'S PREVIOUS SCHOOLING

Please list all schools attended, and provide dates of attendance.

A. Preschools or Elementary School City and State Dates of Attendance

B. Religious/Hebrew School (If applicable) Temple/Synagogue Dates of Attendance

Is the applicant applying to any other school(s)? Yes No

If yes, please list school(s) _____

EDUCATIONAL ASSESSMENT

My child excels at:

My child enjoys the following activities:

My child benefits from support in the following areas:

We welcome any additional comments that you might like to make about your child. A parental perspective helps us get to know each applicant more completely.

Please describe any special circumstances that may have affected the applicant's school experience in the past or may do so in the future.

APPLICATION DATES

Parents of applicants are advised to submit this application as soon as possible. The application deadline is Friday, January 27, 2017. This is not a postmark date, but rather the date the application must be received by the Office of Admission.

A non-refundable application fee of \$150 must accompany this application. Please make checks payable to: Stephen Wise Temple.

Please sign here to indicate that all of the above information is complete and accurate.

Date _____ Signed _____
Parent or Legal Guardian of Applicant

No application will be processed until it is fully complete, with signature of parents or guardian, a recent photograph of each parent and applicant, and a non-refundable application fee of \$150.

Wise School does not discriminate on the basis of race, color, religion, gender, sexual orientation, or national and ethnic origin in the administration of its educational policies, admission policies, financial aid, athletic, and other school-administered programs.