



STUDENT APPLICATION

2024-2025

Please print clearly and fill out all information. A non-refundable fee of \$100.00 must be submitted with this form.

Date of Application _____ Grade for which student is applying _____

Student's Legal Last Name _____ (First) _____ (Middle) _____

Student's Preferred Name _____ Date of Birth _____

Sex: Male Female Ethnicity: (Please circle) Hispanic or Latino Asian White
 Black or African American Native Hawaiian or Other Pacific Islander
 American Indian or Alaskan Native

Current School Name _____ Current Grade _____

Does the applicant require an I-20 visa? Yes or No Is the applicant up-to-date with immunizations? Yes or No

PARENT/GUARDIAN INFORMATION

Married Divorced Single Widowed Separated

Applicant Resides With (check all that apply): Both Parents Married Both Parents Separated Father Mother
 Grandparent(s) Guardian(s) Stepfather Stepmother
 Other Specify _____

Parent 1: Father Mother

Parent's Legal Last Name _____ (First) _____ (Title) _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email Address _____

Employer and Occupation _____ Work Phone _____

Employer Address _____ City _____ State _____ Zip _____

Parent 2: Father Mother

Parent's Legal Last Name _____ (First) _____ (Title) _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email Address _____

Employer and Occupation _____ Work Phone _____

Employer Address _____ City _____ State _____ Zip _____

AFFILIATION

Religion

Synagogue Affiliation or other

SIBLINGS

Name

Age

Current School

Name

Age

Current School

Name

Age

Current School

LEGACY

Family members who have attended The Gordon School

Name

Relationship

Years

Name

Relationship

Years

STUDENT INFORMATION

Has applicant previously applied to the Gordon School? Yes or No If yes, what year? _____

Has applicant ever been placed on probation, suspended, expelled, asked to withdraw, or not offered enrollment renewal from any prior school? Yes or No If yes, please explain the circumstances on the back of this form.

Primary language(s) spoken at home:

Has the applicant had any formal academic evaluation and/or psychological testing within the last five years? Please Circle ; Yes or No If yes, a copy of the evaluation is required with this application.

Has the applicant ever been tested for: (Please circle Yes or No)

Speech/Language/Hearing: Yes No

Learning Disability : Yes No

Occupational Therapy: Yes No

Physical Therapy: Yes No

Social/Emotional Difficulty: Yes No

At the present time is the applicant currently receiving counseling or therapy for any checked? Yes No

FINANCIAL

Name(s) of the one(s) financially responsible: _____

Will you be applying for financial assistance? Yes No

Does your child receive any of the following scholarships? Family Empowerment McKay Step Up Gardiner

By signing below, I grant permission to The Gordon School to obtain my child's school records and any relevant information pertaining to my child's attendance at such school, as well as to contact the references and professionals I have provided to The Gordon School. I verify that the information supplied on this application and in all related documents is truthful and I understand that any omissions or misrepresentations may result in my child's application being denied or my child being asked to withdraw (if discovered after acceptance). I acknowledge that I am authorized to submit this application on behalf of my child. I agree that I will not seek access to materials used during the admission process. I further understand that my child's enrollment or continued enrollment (if accepted) is subject to my child continuing to meet the school's academic and social expectations and my continuing to meet the financial commitments set forth in the relevant enrollment contracts. *The Gordon School welcomes students of any race, color, religion, national or ethnic origin.*

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date



APPLICATION PAYMENT OF \$100.00 DUE AT TIME OF SUBMISSION

Please select one of the following payment methods:

Cash Check (Make checks payable to Beth David Congregation) Credit card

I authorize Beth David Congregation and The Gordon Schools to charge my credit card in the amount set above for Registration Fees. Credit card payments are subject to an additional 3% merchant processing fee.

Name: _____ Visa ___ Master ___ Amex ___ Discover

Credit Card #: _____ Exp. date: _____ CVV: _____

Billing Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____