

PERELMAN JEWISH DAY SCHOOL | Grades K-8



Admission Packet

WELCOME

igrow



ADMISSION PROCESS

Dear Family,

Welcome! The Perelman Jewish Day School family is delighted to be part of the exciting process of helping you choose a school for your child. We invite you to visit, observe and inquire about our school. Our parents, as well as our admission and administrative staff, are available to help you learn more about our program.

If you have not already done so, please call soon to set up an appointment to visit our school. Applications are due by December 15th of the year before enrollment. Applications will be accepted thereafter, space permitting.

We look forward to sharing with you why we think Perelman Jewish Day School is the best way to experience elementary and middle school education.

B'Shalom,

Shira Wohlberg
Director of Admission

Carole Miller
Associate Director of Admission

1. PJDS Campus Visit

Please call Shira Wohlberg, Director of Admission, at 215.635.3130 ext. 210 or Carole Miller, Associate Director of Admission, at 610.658.2518 ext. 207 to arrange a visit to one of the following centers:

Forman Center (grades K-5)

Melrose Park

Stern Center (grades K-5)

Wynnewood

Saligman Middle School (grades 6-8)

Melrose Park

2. Student Application

Gan (Kindergarten) students are required to be five years old by August 31st of the year they enter. First grade students are required to be six years old by August 31st of the year they enter. Please submit your application by December 15th of the school year prior to enrollment.

A completed application includes: K-5:

- Application for Admission (enclosed)
- Copy of the applicant's Birth Certificate
- Developmental History Report (enclosed)
- ADVIS Confidential Recommendation Form (enclosed). Teachers should mail the Recommendation Form directly to Perelman Jewish Day School in the enclosed envelope.

- Official school transcripts for students entering grades 1-5 (Transcript Request Form enclosed)
- Student Visit – please see #4
- Non-refundable Application Fee

Middle School:

- Application for Admission (enclosed)
- Developmental History Report (enclosed)
- Copy of the applicant's Birth Certificate
- Student Questionnaire (enclosed)

- 3 ADVIS Confidential Recommendation Forms (2 from General Studies teachers and 1 from a Judaic Studies/Hebrew School teacher – forms enclosed). Teachers should mail the Recommendation Forms directly to Perelman Jewish Day School in the enclosed envelopes.

- Official transcript records from any school attended this year and within the past two years (Transcript Request Form enclosed)
- Results of standardized achievement and/or aptitude test
- Two-day student visit to Saligman Middle School
- Interview with Principal of Saligman Middle School
- Non-refundable application fee

3. Screening

Students entering Gan are scheduled to visit a Gan classroom with other applicants. The in-house screening lasts an hour and a half and gives the school and students the opportunity to begin to get to know one another. While children visit in Gan, parents are invited to meet informally with administrators, teachers and current parents. Late applicants who miss the scheduled group visits are required to have a psycho-educational evaluation by a licensed psychologist.

Students entering Grades 1 through 5 take the WPPSI-III or the WISC-IV, psycho-educational evaluations commonly used for school entrance. Additional tests are sometimes required depending on the applicant's profile. There is a fee for the evaluation, which is paid directly by the family to the psychologist at the time of the screening.

The psycho-educational evaluation assesses the applicant's school readiness and style of learning, emphasizing areas of strength or weakness. It is a helpful tool for the student's placement in school. These screenings are used for admission purposes only and do not become part of the student's school record.

Please call to arrange your child's appointment: Dr. Davida Harlem
215.947.1236.

4. Required Student Visit

Gan: In-house Screening (See *Screening*).

Grade 1: Students entering First Grade may participate in a group visit with other applicants or may be scheduled for an individual visit. Please note that this visit does not take the place of the psycho-educational evaluation.

Grades 2-5: Students entering grades two through five are required to spend two consecutive days visiting in a classroom. During their visit, students participate in all classroom activities. Please note that this visit does not take the place of the psycho-educational evaluation.

Middle School: Please call Shira Wohlberg, Director of Admission, at 215.635.3130, ext. 210, to arrange a visit.

5. Admission Decisions

Upon completion of all steps in the application process, the Admission Committee meets to determine the admission decision for each applicant. Families who have completed the admission process may be notified of the admission decision as early as February 1st. A signed enrollment form and deposit are required after admission.

6. Financial Aid

Families may apply for Financial Aid after the student application is submitted to the school. Enrollment deposits are only refundable in the event that Financial Aid arrangements cannot be concluded successfully. Please refer to the Financial Aid page in this packet for additional information.

Stern Center (K-5) • Wynnewood | Forman Center (K-5) • Melrose Park | Saligman Middle School (6-8) • Melrose Park



Accredited by Pennsylvania Assn. of Independent Schools (PAIS)
Member of the Solomon Schechter Day School Association
Endorsed by United Synagogue for Conservative Judaism

Live Generously!

Administrative Offices
49 Haverford Road, Wynnewood, PA 19096-3628
610.658.2518 | Fax 610.658.2922 www.pjds.org

PROGRAM OVERVIEW

Perelman Jewish Day School (PJDS) serves Jewish students on two campuses and has three centers: Forman Center in Melrose Park (K-5), Stern Center in Wynnewood (K-5) and Saligman Middle School in Melrose Park (6-8). Founded in 1956 as a Solomon Schechter Day School, it is perpetuated as Raymond and Ruth Perelman Jewish Day School in recognition of the generosity of the Perelman family. PJDS is in partnership with the Jewish Federation of Greater Philadelphia, is a member of the Solomon Schechter Day School Association, is accredited by the Pennsylvania Association of Independent Schools (PAIS) and is a member of Association of Delaware Valley Independent Schools (ADVIS).

As a Conservative Jewish day school, Raymond and Ruth Perelman Jewish Day School admits only Jewish children, as defined by the Committee on Jewish Law and Standards of the Conservative Movement. This includes children born of a Jewish mother (one who is Jewish by birth or by conversion) or a child who has undergone conversion. If there is a question regarding the Jewish status of your child, please contact the School Rabbi.

The school offers girls and boys equal access to all its programs and welcomes a broad spectrum of families. In addition, through its admission and financial aid policies, the school encourages a diversity of social and religious attitudes and practices. Perelman Jewish Day School believes that this diversity strengthens the school and gives added dimension to the curriculum.

Perelman Jewish Day School seeks the growth and development of each child in the context of individual needs as well as in the context of the greater community. Perelman offers an outstanding child-centered, responsive program that provides a wide range of learning opportunities in a nurturing environment. The curriculum is enhanced by enrichment in both scholastic and extracurricular areas.

Perelman Jewish Day School's Goal

Our goal is to blend Jewish ideals and practice with our American democratic heritage, teaching our children how the secular and religious realms enrich each other and enhance our lives. We strive to develop confident, accomplished and caring graduates who have a solid understanding of their history and culture as both Americans and Jews.

Language Arts

Students cultivate strong, lifelong skills in reading, critical thinking and creative writing. They are encouraged to develop a deep appreciation for literature and creative expression, as well as respect for other cultures and individuals.

Mathematics

The School's mathematics curriculum, which far exceeds national standards, emphasizes problem-solving. The curriculum stresses teaching these skills by moving from concrete to semi-concrete to abstract levels. A major emphasis is for the children to become proficient in applying mathematics to everyday situations.

Science

Our experiential program encourages students to investigate the world, make observations, classify, predict, infer and interpret data. The science specialists teach students to ask questions and provide them with the knowledge and tools to seek solutions.

Social Studies

Our curriculum is designed to help the individual child explore his or her place in the community, the nation and the world at large. Students learn problem-solving strategies, note taking and research and study skills. Our curriculum encourages students to develop a strong sense of self worth.

Computer Technology

The comprehensive computer literacy program integrates classroom curriculum. Working both in state-of-the-art computer labs and on classroom computers, students reinforce and expand their skills. The program fosters deductive and divergent thinking and encourages creative problem-solving. It interfaces with both our general and Judaic studies curriculum.

Music

Our program includes weekly classes, special performances and volunteer choirs as part of the music curriculum. In addition, drama productions, Israeli singing and dancing and an extracurricular instrumental program expose students to musical arts.

Physical Education

We provide a diverse program of skills building and physical fitness, with opportunities to participate in team and individual sports. The school sponsors afterschool sports and competitive teams.

Art

Specialists provide formal and informal opportunities to explore various media and techniques. Projects complement classroom activities in both general and Judaic studies. Art teachers encourage students to develop the ability to look at the world with creativity and imagination.

Judaic Studies

As a school linked to the Conservative Movement, Perelman Jewish Day School is committed to prayer and the observance of mitzvot as the core of the Jewish experience. The school stresses developing the child's understanding of ethics, morals and values through an intensive exposure to classical Jewish text. An understanding of Jewish civilization and the pivotal role of the state of Israel in Jewish life are emphasized.

Hebrew Language

Fundamental to the Judaic Studies program is the acquisition of Hebrew language skills. Hebrew is taught both as a living language and as the historic language of prayer, Torah, Rabbinic text and commentaries.

ibelong



APPLICATION FOR ADMISSION

K-8

Name of Applicant _____
FIRST MIDDLE LAST

For School Year _____ **Forman Center** **Stern Center** **Saligman Middle School**
 Enter Grade _____
 7601 Old York Road Melrose Park, PA 19027 49 Haverford Road Wynnewood, PA 19096 7613 Old York Road Melrose Park, PA 19027
 215.635.3130 610.658.2518 215.635.3303
 FAX 215.635.3136 FAX 610.658.2922 FAX 215.635.3325

Jewish by birth by conversion

Gender Male Female

Hebrew Name _____

Nickname _____

Date of birth _____
MO / DAY / YEAR

Social Security Number _____

Place of birth _____

If not U.S., how long has child lived here? _____

Home Address _____

STREET AND NUMBER _____
 CITY STATE ZIP CODE

Telephone () _____
AREA CODE NUMBER

Parent/Guardian

Mr. Mrs. Ms. Dr.

Name _____

Religion Jewish: by birth by conversion Other

Home address (if different from child's) _____
 STREET AND NUMBER _____
 CITY STATE ZIP CODE

Telephone (if different from child's) () _____
AREA CODE NUMBER

Occupation _____

Business Address _____
 STREET AND NUMBER _____
 CITY STATE ZIP CODE

Business Phone () _____
AREA CODE NUMBER

Cell Phone () _____
AREA CODE NUMBER

Email address _____

APPLICATION FOR ADMISSION



APPLICATION FOR ADMISSION

K-8

Parent/Guardian

Mr. Mrs. Ms. Dr.

Name

Religion

Jewish: by birth by conversion Other

Home address (if different from child's)

STREET AND NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

Telephone (if different from child's)

(_____) _____
AREA CODE NUMBER

Occupation

Business Address

STREET AND NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

Business Phone

(_____) _____
AREA CODE NUMBER

Cell Phone

(_____) _____
AREA CODE NUMBER

Email address

Name of Applicant _____
FIRST MIDDLE LAST

Schools Attended (K-5: Please include day care and pre-school)

Current school

Dates Attended _____ **Grade** _____

address

STREET AND NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

Telephone

(_____) _____
AREA CODE NUMBER

Previous school

Dates Attended _____ **Grade** _____

address

STREET AND NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

Telephone

(_____) _____
AREA CODE NUMBER

Applicant lives with

Both Parents Mother Father Other

Parents' marital status

Who has financial responsibility for the applicant?

Both Parents Mother Father Other

Name (if "other" is marked above)

Home address (if different from parents')

STREET AND NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

If parents are separated or divorced, please describe custody arrangements and provide all documentation:

Please specify any special mailing instructions:

Will your child require bus transportation? Yes No

If so, in which school district do you live?

Synagogue affiliation:

Is any language other than English spoken at home?

Yes No

If yes, what language? _____

Always? Most of the time? Sometimes?

Siblings

NAME _____

DATE OF BIRTH _____ GRADE _____

SCHOOL _____

NAME _____

DATE OF BIRTH _____ GRADE _____

SCHOOL _____

NAME _____

DATE OF BIRTH _____ GRADE _____

SCHOOL _____

NAME _____

DATE OF BIRTH _____ GRADE _____

SCHOOL _____

DEVELOPMENTAL HISTORY REPORT



DEVELOPMENTAL HISTORY REPORT

K-8

G. Generally, would you describe your child's health as:

- Good Fair Poor

H. Is your child receiving any medical treatment or taking any medication on a regular basis?

- Yes No

If "yes," describe the medication and condition requiring it:

Blank lines for describing medication and condition.

I. Are there any special health problems about which we should be aware? (i.e., frequent colds, ear infections, etc.)

Blank lines for special health problems.

J. Is your child restricted from physical activity due to heart condition, asthma, etc.?

Blank lines for physical activity restrictions.

K. Does your child have any allergies (i.e., bee stings, food, etc.)?

Blank lines for allergies.

L. Does your child sleep well through the night? (applicants to K-1 only)

- Yes No

If "no," please explain.

Blank lines for explaining sleep issues.

Home and Peer Relationships: (applicants to K-5 only)

A. Has your child had opportunities to associate with other youngsters on a fairly regular basis? Typical interactions would include:

Blank lines for describing peer interactions.

Name of Applicant

FIRST

MIDDLE

LAST

B. How does your child usually react when s/he does not get what s/he wants?

Blank lines for child's reaction to not getting what they want.

B. Are there any other members of your child's immediate family (brothers, sisters, parents, grandparents, aunts, uncles) with a serious health problem that affects your child?

Please explain.

Blank lines for explaining family health issues.

C. Which of these generally describe your child's behavior at home?

- Aggressive Shy Immature
Adventuresome Happy Dependent
Irritable Restless Curious
Daydreaming Whining Observant
Mischievous Competitive Independent
Jealous

Do you feel that any of the above apply to your child to the degree that you would like to arrange a conference with the classroom teacher to discuss the matter further?

- Yes No

Family Health History:

A. Are both parents in good health?

- Yes No

If not, please explain.

Blank lines for family health history details.

Play Habits: (applicants to K-1 only)

A. Does your child prefer to:

- Play alone? Play with older children?
Play with younger children? Play with same age children?
Be with adults rather than other children?

B. S/he shares possessions with others:

- Readily Sometimes With difficulty

Skills: (applicants to K-1 only)

A. Has your child learned to:

- Dress himself/herself Tie shoes
Button clothes Put on boots
Use a zipper Ride a tricycle
Climb stairs with ease Wash and dry hands

B. Can your child recognize his/her name written in coats, boots, sweaters, etc?

- Yes No

C. Can your child give his or her:

- Name? Address? Phone Number?

DEVELOPMENTAL HISTORY REPORT



CONFIDENTIAL COMMON RECOMMENDATION FORM

Applicants to grades K-1

Language: (applicants to K-5 only)

- A. At what age did your child start to say words? _____
 B. Does your child have any speech, language or articulation difficulties?

Yes No

If so, please describe. _____

- C. How would you describe his/her spoken language at present?

- Easily understood by all
 Strangers sometimes have difficulty in understanding him/her
 Can only be understood by family
 Family at times finds it difficult to understand him/her

- D. Does your child have difficulty telling a story or relating an experience?

Yes No

Please explain. _____

- E. Does your child understand and respond when told to do something:

Most of the time Sometimes Seldom

- F. Does your child listen with attention when read to:

Most of the time Sometimes Seldom

General Information:

- A. How does your child feel about coming to Perelman?

- B. We look forward to getting to know you and your family. Please help us by responding to the following:

Are there any medical concerns, physical or emotional developmental issues, family life or custodial arrangements of which the school should be aware?

Parents: Please give this form and envelope to your child's teacher.

Teachers: Please complete this form and return it to us after December 1st using the envelope provided.

Parents: Please complete this section.

Name of Applicant _____
FIRST MIDDLE LAST HAS APPLIED FOR GRADE

This common recommendation form is accepted by all independent schools who are members of the Association of Delaware Valley Independent Schools (ADVIS). It is to be signed by the parents or guardians and given to the student's present school after December 1st.



I/We understand that we may not look at this evaluation and assure the evaluator and the school that we will not try to do so. We give permission for the evaluator to release the information on this form to the schools to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

First Parent/Guardian Signature _____ **Date** _____

Second Parent/Guardian Signature _____ **Date** _____

To the Evaluator: Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

Name of Teacher _____
FIRST MIDDLE LAST

Position _____ School Name _____

School Address _____
STREET AND NUMBER CITY STATE ZIP CODE

Telephone (_____) _____ Email _____
AREA CODE NUMBER

Teacher's Signature _____ **Date** _____

How long have you known this student? _____

Social/Emotional Development	EXCEEDS AGE EXPECTATIONS	AGE APPROPRIATE	NEEDS DEVELOPMENT	NO BASIS FOR JUDGMENT
Cooperates				
Initiates play activities				
Shares well				
Is imaginative				
Has the potential to lead				
Has the capacity to follow				
Uses materials purposefully				
Is curious				
Is comfortable with adults				
Works well independently				
Responds positively to criticism				

Comment on social/emotional development _____

Physical Development	EXCEEDS AGE EXPECTATIONS	AGE APPROPRIATE	NEEDS DEVELOPMENT	NO BASIS FOR JUDGMENT
Small muscle control and coordination				
Large muscle control and coordination				
Speech development (articulation)				
Stamina				
Pencil grip				

Comment on physical development _____

Parents: Please give this form and envelope to your child's teacher(s).
Teachers: Please complete this form and return it to us after December 1st using the envelope provided.
Middle School applicants: 3 recommendation forms must be submitted.

CONFIDENTIAL COMMON RECOMMENDATION FORM Applicants to grades K-1



CONFIDENTIAL COMMON RECOMMENDATION FORM
 Applicants to grades 2-8

Pre-Academic Skill Development	EXCEEDS AGE EXPECTATIONS	AGE APPROPRIATE	NEEDS DEVELOPMENT	NO BASIS FOR JUDGMENT
Is attentive				
Listens in a group				
Contributes to discussions				
Works cooperatively				
Completes tasks				
Can focus on one task				
Respects classroom routines				
Moves easily from one task/activity to another				
Is a self-starter				
Exhibits problem-solving abilities				
Expresses thoughts well				

To your knowledge, are the parents in agreement with your view of the student?

Yes No

How would you describe this student's expressive and receptive language skills?

Comments or other information you believe might be helpful (other specific strengths and weaknesses)

For children applying to First Grade, please describe child's development of readiness for:

Beginning reading skills

Beginning math skills

May we contact you for further information?

Yes No

Comment on pre-academic skill development _____

Please comment on each of the following regarding this child:

What words come quickly to mind when you describe this child?

Interaction with other children, cooperation, respects the rights of others, willingness to share, responsibility for own actions

Thank you for taking the time to complete this evaluation. **Please mail directly to:**

Perelman Jewish Day School
 Admission Office
 49 Haverford Rd.
 Wynnewood, PA 19096
 215.635.3130, ext. 210

Parents: Please complete this section.

Name of Applicant _____
FIRST MIDDLE LAST HAS APPLIED FOR GRADE

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I/We understand that we may not look at this evaluation and assure the evaluator and the school that we will not try to do so. We give permission for the evaluator to release the information on this form to the schools to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

First Parent/Guardian Signature _____ **Date** _____

Second Parent/Guardian Signature _____ **Date** _____

To the Evaluator: Please complete both sides of this form and send to all requesting schools. Your comments will be held

in strictest confidence. Thank you very much for your cooperation and assistance.

Name of Teacher _____
FIRST MIDDLE LAST

Position _____ School Name _____

School Address _____
STREET AND NUMBER CITY STATE ZIP CODE

Telephone (_____) _____ Email _____
AREA CODE NUMBER

Teacher's Signature _____ **Date** _____

	EXCEEDS AGE EXPECTATIONS	AGE APPROPRIATE	NEEDS DEVELOPMENT	NO BASIS FOR JUDGMENT
Attention skills, concentration, focus				
Original thinking, creativity of approach				
Self-motivation, effort, drive				
Ability to work independently and productively				
Follows directions				
Seeks help when needed				
Works well cooperatively/in groups				
Study habits, organization, task completion				
Willingness to take risks, try new activities				
Participation in class discussion				
Fine motor development				

	EXCEEDS AGE EXPECTATIONS	AGE APPROPRIATE	NEEDS DEVELOPMENT	NO BASIS FOR JUDGMENT
Listening				
receptive language skills				
Reading				
decoding				
comprehension for pleasure				
Writing				
mechanics				
spelling				
organization of ideas				
creativity and imagination				
Speaking				
fluency, clarity of expression				
Math				
sense of number				
computation				
problem-solving				
spatial sense				



How long have you known the candidate and in what connection?

Please list subject taught, including level of difficulty.
Please list the textbook(s) used, if applicable.

Please comment on each of the following regarding this child:

Academic strengths and weaknesses: effort, curiosity, motivation, achievement in relation to potential, class participation and home-work preparation

Learning style: auditory processing, visual processing, memory, application of learned skills, distractibility, working pace

Social skills: cooperation with peers, interaction with adults, respect for others, awareness of social cues

Emotional maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, response to frustration

Personal qualities: leadership, honesty, responsibility, concern for others, sense of humor

To your knowledge, are the parents in agreement with your view of the student?

Yes No Don't Know

Is there anything else that the school should know as this student is considered for admission?

Do you have any additional information that may be helpful in our evaluation of this student?

May we contact you for further information?

Yes No

Thank you for taking the time to complete this evaluation. **Please mail directly to:**

Perelman Jewish Day School
Office of Admission
49 Haverford Rd.
Wynnewood, PA 19096
215.635.3130, ext. 210

Parents: Please give this form and envelope to your child's teacher(s).
Teachers: Please complete this form and return it to us after December 1st using the envelope provided.
Middle School applicants: 3 recommendation forms must be submitted.

Parents: Please complete this section.

Name of Applicant _____
FIRST MIDDLE LAST HAS APPLIED FOR GRADE _____

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First Parent/Guardian Signature _____ **Date** _____

Second Parent/Guardian Signature _____ **Date** _____

To the Evaluator: Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

Name of Teacher _____
FIRST MIDDLE LAST

Position _____ School Name _____

School Address _____
STREET AND NUMBER CITY STATE ZIP CODE

Telephone (_____) _____ Email _____
AREA CODE NUMBER

Teacher's Signature _____ **Date** _____

	EXCEEDS AGE EXPECTATIONS	AGE APPROPRIATE	NEEDS DEVELOPMENT	NO BASIS FOR JUDGMENT
Attention skills, concentration, focus				
Original thinking, creativity of approach				
Self-motivation, effort, drive				
Ability to work independently and productively				
Follows directions				
Seeks help when needed				
Works well cooperatively/ in groups				
Study habits, organization, task completion				
Willingness to take risks, try new activities				
Participation in class discussion				
Fine motor development				
Listening				
receptive language skills				
Reading				
decoding				
comprehension				
for pleasure				
Writing				
mechanics				
spelling				
organization of ideas				
creativity and imagination				
Speaking				
fluency, clarity of expression				
Math				
sense of number				
computation				
problem-solving				
spatial sense				

Parents: Please give this form and envelope to your child's teacher(s).
Teachers: Please complete this form and return it to us after December 1st using the envelope provided.
Middle School applicants: 3 recommendation forms must be submitted.

CONFIDENTIAL COMMON RECOMMENDATION FORM Applicants to grades 2-8



CONFIDENTIAL COMMON RECOMMENDATION FORM Applicants to grades 2-8

How long have you known the candidate and in what connection?

Please list subject taught, including level of difficulty.
 Please list the textbook(s) used, if applicable.

Please comment on each of the following regarding this child:

Academic strengths and weaknesses: effort, curiosity, motivation, achievement in relation to potential, class participation and home-work preparation

Learning style: auditory processing, visual processing, memory, application of learned skills, distractibility, working pace

Social skills: cooperation with peers, interaction with adults, respect for others, awareness of social cues

Emotional maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, response to frustration

Personal qualities: leadership, honesty, responsibility, concern for others, sense of humor

To your knowledge, are the parents in agreement with your view of the student?

Yes No Don't Know

Is there anything else that the school should know as this student is considered for admission?

Do you have any additional information that may be helpful in our evaluation of this student?

May we contact you for further information?

Yes No

Thank you for taking the time to complete this evaluation. **Please mail directly to:**

Perelman Jewish Day School
 Office of Admission
 49 Haverford Rd.
 Wynnewood, PA 19096
 215.635.3130, ext. 210

Parents: Please complete this section.

Name of Applicant _____
FIRST MIDDLE LAST HAS APPLIED FOR GRADE

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First Parent/Guardian Signature _____ **Date** _____

Second Parent/Guardian Signature _____ **Date** _____

To the Evaluator: Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

Name of Teacher _____
FIRST MIDDLE LAST

Position _____ School Name _____

School Address _____
STREET AND NUMBER CITY STATE ZIP CODE

Telephone (_____) _____ Email _____
AREA CODE NUMBER

Teacher's Signature _____ **Date** _____

	EXCEEDS AGE EXPECTATIONS	AGE APPROPRIATE	NEEDS DEVELOPMENT	NO BASIS FOR JUDGMENT
Attention skills, concentration, focus				
Original thinking, creativity of approach				
Self-motivation, effort, drive				
Ability to work independently and productively				
Follows directions				
Seeks help when needed				
Works well cooperatively/ in groups				
Study habits, organization, task completion				
Willingness to take risks, try new activities				
Participation in class discussion				
Fine motor development				
Listening				
receptive language skills				
Reading				
decoding				
comprehension for pleasure				
Writing				
mechanics				
spelling				
organization of ideas				
creativity and imagination				
Speaking				
fluency, clarity of expression				
Math				
sense of number				
computation				
problem-solving				
spatial sense				

CONFIDENTIAL COMMON RECOMMENDATION FORM Applicants to grades 2-8



TRANSCRIPT REQUEST
APPLICANTS
GRADES 1-8

How long have you known the candidate and in what connection?

Emotional maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, response to frustration

Please list subject taught, including level of difficulty.
Please list the textbook(s) used, if applicable.

Personal qualities: leadership, honesty, responsibility, concern for others, sense of humor

Please comment on each of the following regarding this child:

Academic strengths and weaknesses: effort, curiosity, motivation, achievement in relation to potential, class participation and home-work preparation

To your knowledge, are the parents in agreement with your view of the student?

Yes No Don't Know

Is there anything else that the school should know as this student is considered for admission?

Learning style: auditory processing, visual processing, memory, application of learned skills, distractibility, working pace

Do you have any additional information that may be helpful in our evaluation of this student?

Social skills: cooperation with peers, interaction with adults, respect for others, awareness of social cues

May we contact you for further information?

Yes No

Parents: Please complete this section.

To: _____ School

I request that the school record of

- be forwarded to: **Forman Center**
7601 Old York Road
Melrose Park, PA 19027
215.635.3130
FAX 215.635.3136
- Stern Center**
49 Haverford Road
Wynnewood, PA 19096
610.658.2518
FAX 610.658.2922
- Saligman Middle School**
7613 Old York Road
Melrose Park, PA 19027
215.635.3303
FAX 215.635.3325

for the purpose of admission review and academic placement.

PLEASE INCLUDE THE FOLLOWING:

- Transcript records for this year and all previous years
- Any anecdotal progress or interim reports
- Results of standardized achievement and/or aptitude tests
- If applicable, copies of special personal evaluations or psychological reports
- Health records

I also authorize teachers to release information about my child which would identify learning strengths and weaknesses and patterns of behavior.

Signature of Parent or Guardian

Print Name

Relationship to Applicant

Date

Thank you for taking the time to complete this evaluation. **Please mail directly to:**

Perelman Jewish Day School
Office of Admission
49 Haverford Rd.
Wynnewood, PA 19096
215.635.3130, ext. 210



STUDENT QUESTIONNAIRE

MIDDLE SCHOOL ONLY

GRADES 6-8

Dear Applicant,

Help us get to know you. Please complete this questionnaire.

What is your favorite class or subject? Why?

Two horizontal lines for text entry.

Describe your interests or hobbies.

Three horizontal lines for text entry.

In which activities have you been involved, either in school or outside of school?

Three horizontal lines for text entry.

In which extracurricular activities would you like to participate?

Three horizontal lines for text entry.

Please check all that apply. I currently participate in:

- Youth Group
NAME _____
- Musical Instrument
NAME _____
- Band or Choir
NAME _____
- Sports
NAME _____
- Volunteer Work
NAME _____
- Paid Work
NAME _____
- Outside Study
NAME _____
- Other
NAME _____

Your Bat/Bat Mitzvah date: _____
MONTH DATE YEAR

Your Name: _____
Please PRINT here

Please SIGN here




TUITION AND
PAYMENT PLANS
FINANCIAL AID

Tuition:

The Board of Directors sets tuition for the following year in the winter. Please consult our website for the most current tuition and fees schedule at www.pjds.org.

Payment Plans:

- I. One payment**
- II. Two payments**
- III. 10-month Payment Plan**

Financial Aid Program

The Board of Directors of Perelman Jewish Day School is dedicated to providing an outstanding day school education to the children of our community and has provided substantial dollars to achieve this goal. All application materials are held in the strictest confidence by the Financial Aid Committee to respect the privacy of our families.

What is Financial Aid?

Financial Aid refers to subsidized grants and scholarships, which help families in need to afford the cost of tuition. Decisions to provide assistance are based strictly on the family's financial need. Need is defined as the difference between the family's resources and the student's educational expenses. Financial Aid awards are granted for tuition only and do not cover other mandatory school fees. Any family who feels that they need funding to afford the cost of a Jewish day school education is encouraged to apply to the Financial Aid program.

What is the Financial Aid Process?

If you are interested in applying for Financial Aid, please check the box on the Application for Admission, and a Financial Aid Application will be mailed to you. Families who desire Financial Aid must file an application according to deadlines and provide supporting documentation yearly.

Educational Improvement Tax Credit (EITC)

Families who meet certain income guidelines may also apply independently for state funding (EITC) by filing a separate application to the Foundation for Jewish Day Schools of Greater Philadelphia. This application becomes available and will be sent at a later point during the school year.



DECLARATION OF PRINCIPLES

- To offer a challenging, caring and responsive program with a wide range of learning opportunities in a nurturing, egalitarian atmosphere.
- To serve a broad spectrum of families and to support a diversity of social and religious attitudes and Jewish practices.
- To seek the growth and development of each child in the context of his or her individual needs.
- To develop within each student a deep appreciation for literature and creative expression.
- To emphasize respect for other cultures and individuals.
- To stress a commitment to prayer and the observance of mitzvot as the core of Jewish experience and to do so within the context of the Conservative Movement.
- To instruct children in and enhance their understanding of ethics, morals and values through an intensive exposure to classical Jewish texts.
- To develop an understanding of Jewish civilization and the pivotal role of the State of Israel in Jewish life.
- To teach Hebrew language skills, both as a living language and as the historic language of prayer, Torah, Rabbinic text and commentaries.
- To offer mathematics and science education which emphasizes problem-solving strategies, hands-on experiences and a complete set of skills and methodologies.
- To offer music, art, drama, physical education and computer literacy.
- To offer opportunities for enhancement in competitive sports, extracurricular activities and community service opportunities.
- To address the economic needs of families through adequate financial aid and appropriate payment programs.

Stern Center | K-5
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