



Application for Admission 2016-2017

Rabbi Dr. Yisrael Rothwachs, Dean Judi Karp, Associate Dean

Date : _____

Please check box if applicable:

I plan to seek a Free and Appropriate Public Education (“FAPE”) from my school district and am applying to SINAI only in an effort to explore all options.

Please check SINAI division to which are you applying:

- SINAI Elementary@ JKHA (Livingston)
- SINAI Elementary @ RYNJ (River Edge)
- Shalem High School @ TABC (Teaneck)
- Shalem High School @ Ma’ayanot (Teaneck)
- Maor High School @RKYHS (Livingston)

Applicant’s Information:

Last Name _____ Middle Name _____ First Name _____

Address _____
Street City State Zip

Home Phone # _____ Date of Birth _____

Formal Special Needs Classification _____

Diagnosis _____

Parents’ Information:

Mother’s Name _____
Prefix First Last

Mother’s Email _____ Mother’s Cell Phone # _____

Mother’s Occupation and Place of Employment _____

Father’s Name _____
Prefix First Last

Father’s Email _____ Father’s Cell Phone # _____

Father’s Occupation and Place of Employment _____

Applicant’s Parents are: Married Divorced Separated

Child lives with: Mother Father Both

Will child be boarding outside of the home? Yes No

Schools Applicant has attended:

School Name	City & State	Grades	Years Attended

- Do you give SINAI personnel permission to obtain relevant paperwork from the Applicant’s current school? Yes No
- Do you give SINAI personnel permission to observe the Applicant in his/her current school setting? Yes No

Professional evaluations of applicant:

Evaluator’s Name	Phone Number	Type of Evaluation	Date of Evaluation

- Does the applicant have a district IEP or ISP? Yes No

Special services applicant has received from any school, agency, private specialist, or clinic:

Special Service	Attendance Dates

Name and phone number of a current teacher, administrator or therapist who knows Applicant well:

Name Relationship to Applicant Phone Number

- Do you give SINAI personnel permission to contact all of the above listed professionals? Yes No

Admissions Procedure

1. Please send the following items to the SINAI Division to which you are applying (addresses below):
 - Completed Application
 - Photo of the Applicant
 - Copies of all of the Applicant’s educational, psychological & diagnostic testing
 - Copies of all of the Applicant’s IEPs and/or ISPs
 - If applicable, copies of any separation, divorce, and/or custody documents

2. SINAI personnel will contact you to arrange an Interview.

Please note that this is only the Application and does not constitute acceptance to SINAI.

SINAI @ RYNJ 666 Kinderkamack Rd. River Edge, NJ 07661 Fax: (201)781-3994 mglicksman@sinaischools.org	SINAI @ JKHA 110 South Orange Ave. Livingston, NJ 07039 Fax: (973)547-7187 jkarp@sinaischools.org	Maor @ RKYHS 110 South Orange Ave. Livingston, NJ 07039 Fax: (973)547-7187 rklein@sinaischools.org	Shalem @ TABC 1600 Queen Anne Rd. Teaneck, NJ 07666 Fax: (201)338-6498 eklavan@sinaischools.org	Shalem @ Ma’ayanot 1650 Palisade Ave. Teaneck, NJ 07666 Fax: (201)549-0248 skelner@sinaischools.org
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Signature of Mother/Legal Guardian _____

Signature of Father/Legal Guardian _____

<p>For Office Use Only:</p> <p>Student is <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected Date _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>Signature of Director _____</p> <p>Business Office Signature _____</p>
