



Learning for life.

Thank you for your interest in San Diego Jewish Academy, a pluralistic community day school. We hope you will find our Admission material helpful as you begin the application process.

This is an exciting time in the history of our school. In 1979 we opened our doors with 80 students. Thirty years later we have grown to our 56-acre site in Carmel Valley that has the capacity for 1000 students with facilities that encompass a state-of-the art, secure campus.

Our school is unique in many ways:

- Our dual curriculum provides our students with an outstanding education in both general and Judaic studies.
- Our students are diverse religiously, academically, economically and geographically and we pride ourselves on our pluralistic approach to Jewish learning.
- Our faculty is talented and dedicated. The strong personal bonds between our teachers, students and parents create a caring and supportive environment.
- Our graduates are very successful in college and become active, involved members of their communities--during and after their college years.

A SDJA education shapes the minds, hearts and spirits of students. Children develop a love of learning that drives them to seek and acquire knowledge while gaining an integrated Jewish identity. They learn Hebrew, Jewish traditions, texts and values within a diverse environment that breeds acceptance and understanding.

Please call our Admissions Office at 858-704-3716 if you have any questions.

Sincerely,

Renee Sherman
Director of Admission
rsherman@sdja.com
858-704-3716

Golda Meir Lower School Kindergarten Application Checklist

Please use the following checklist to ensure that you have completed all the necessary steps for the application process.

- Complete and return the application.
- Include a non-refundable application fee of \$100.
- Request that your child's current school fill out the Preschool Recommendation Form and return them to the San Diego Jewish Academy Admissions Office.
- Contact the Admissions Office at 858-704-3716 to schedule a parent tour.
- If applicable, complete the Tuition Assistance application.

The Tuition Assistance program at SDJA is available to families with documented financial need. SDJA uses the services of FAST (Financial Aid for School Tuition) to process Tuition Assistance applications. You can find the link for our online application and more information about Tuition Assistance at http://www.sdja.com/admissions_affording.php. Financial need is not a factor in determining admission. You will be notified of your Tuition Assistance award after your child is accepted to SDJA.

FOR QUESTIONS, PLEASE CONTACT:
Admissions Office
San Diego Jewish Academy
Phone: 858-704-3716
Email: admissions@sdja.com

Kindergarten

Applicant Information

Applicant Name:

Last First Middle Preferred Name

Home phone: (____) _____ Hebrew name: _____

Street address: _____

City State Zip

Student email: _____ Gender: Male Female

Date of birth: ____ / ____ / ____ Birthplace: _____ I-20 Required (Int'l Student) yes no
Month Day Year

Native language: _____ Primary language spoken at home: _____

Applicant's race/ ethnicity

White African American Native American Latino or Hispanic Asian Pacific Islander Other
While optional, this information is helpful for SDJA as we seek to better serve our community.

Applicant's religious affiliations and/ or synagogue membership(s):

While optional, this information is helpful for SDJA as we seek to better serve our community

Academic Information

Applying for Grade: _____ Academic Year 20____ - 20____

Current school: _____ Current grade: _____

Previous preschool(s) attended: _____ Grades: _____ Years: _____

_____ Grades: _____ Years: _____

_____ Grades: _____ Years: _____

Has your child previously applied to SDJA? If yes, what academic year? _____

Family information

Please check all that apply. (Parent or Guardian = PG)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> PG 1 remarried |
| <input type="checkbox"/> Single | <input type="checkbox"/> PG 2 remarried |
| <input type="checkbox"/> Separated | <input type="checkbox"/> PG 1 deceased |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> PG 2 deceased |
| <input type="checkbox"/> Partnered | |

Parent or Guardian 1

Parent or Guardian 2

Name: _____

Relationship to
Student: _____

Home Address: _____

City, State, Zip: _____

Home Telephone: _____

Mobile Telephone: _____

E-mail Address: _____

Occupation: _____

Employer: _____

Business Telephone: _____

SDJA Alum Yes No

Yes No

With whom is the applicant living? Parent or Guardian 1 Parent or Guardian 2 Both

Please list other children in the family

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Please share with us why you chose San Diego Jewish Academy:

How did you hear about SDJA?

Who was the primary person who referred you to San Diego Jewish Academy?

Name and relationship of any friends/relatives who attend or have attended San Diego Jewish Academy:

Full name	Grade	Relationship
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_____	_____	_____
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Parent Questionnaire

(Please complete all sections and use additional paper, if necessary)

Has your child had any previous experience with a preschool or childcare outside the home?

Has your child ever had emotional, social, or behavioral problems that required special help?

Yes No (e.g. counseling or assessment) If yes, please give details:

Is there any additional information concerning your child about which SDJA should be aware?

Yes No

If yes, please explain:

What are your child's strengths and weaknesses? (Please comment on social characteristics: e.g., self-reliance, sense of humor, shyness, assertiveness, etc.)

Application Fee

Please return this application with a \$100 non-refundable application fee.

THIS APPLICATION CAN ONLY BE PROCESSED WITH AN ACCOMPANYING APPLICATION FEE

Do you owe funds at any other private day school or preschool? Yes No

If you are separated or divorced, it is requested that both natural parents sign the application.

By signing this application, I hereby acknowledge all the information provided is accurate and complete. Omission of (or inaccurate) information may be grounds for dismissal if student has been accepted.

Signature of parent or legal guardian of applicant Relationship Date

Signature of parent or legal guardian of applicant Relationship Date

Please make check payable to: San Diego Jewish Academy

Please return this completed and signed form to:

San Diego Jewish Academy • 11860 Carmel Creek Road • San Diego • CA • 92130

San Diego Jewish Academy does not discriminate against applicants on the basis of race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation, or any other consideration made unlawful by federal, state, or local laws. It also does not discriminate based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is **unlawful**.

FOR OFFICE USE ONLY:

Date Received: _____ Received By: _____ Entered By: _____ Application Fee \$ _____ Check # _____

Receipt #: _____ MASTERCARD VISA AMERICAN EXPRESS DISCOVER

Confidential Preschool Teacher Recommendation

Submit to current Preschool Teacher

Please type or print student's name and give this form to your child's current teacher with the pre-addressed, SDJA envelope.

Student's name: _____ Birth date: _____
 (Please print) First Last

San Diego Jewish Academy is a K-12 Jewish day school. We provide a full day Kindergarten program including Judaic and general studies. We would appreciate your providing us with an evaluation of the student named above. Please contact us if you have any questions. Thank you for returning this form promptly.

AA - AGE APPROPRIATE I - IMMATURE C - AREA OF CONCERN

SOCIAL AND EMOTIONAL DEVELOPMENT

(Please check where appropriate)

	AA	I	C	COMMENTS
Relates positively to adults				
Relates positively to children				
Works and plays cooperatively				
Is attentive/participates in group				
Listens and follows directions				
Completes tasks				
Is self-sufficient				
Respects property and materials				
Tolerates change				
Accepts responsibility				
Displays self-confidence				

COGNITIVE SKILLS

(Please check where appropriate)

	CHECK	COMMENTS
Recognizes numbers (1-10)		
Counts objects (1:1 correspondence through 10)		
Demonstrates good thinking skills		
Recognizes letter names of alphabet		
Auditory discrimination of symbols with sound		
Visual discrimination of symbols		
Uses phonics		
Uses sight vocabulary		
Understands spatial relationships (above, below, beside, inside)		
Comprehends relative values (heavy-light, far-near)		
Recognizes colors		
Recognizes basic shapes (circle, square, triangle, rectangle)		
Knows personal data (name, age, birthday, etc.)		

(over)

Current Preschool Teacher Recommendation

ADDITIONAL CHARACTERISTICS

(Please check where appropriate)

	AA	I	C	COMMENTS
Hand dominance (right/left)				
Eye-hand coordination				
Gross-motor coordination				
Fine-motor coordination				
Clarity of speech				
Oral language development				

Has this child had any school adjustment problems that might reoccur in the transition to a new school environment?

Does this child have any particular problems at home that would interfere with his/her adjustment socially, emotionally or academically to a new school? _____

Is there any information about this child that will help us to ease the transition?

Based on your professional opinion, is this student ready for kindergarten? Yes No If no, what concerns do you have?

Is there any additional information that can be better conveyed in a phone conversation? Yes No

Hours you are available: _____ to _____ AM/PM Phone: (____) _____

Teacher's name: _____

School name: _____

School address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please return this completed and signed form to:

**San Diego Jewish Academy ▪ Director of Admissions
11860 Carmel Creek Road ▪ San Diego, CA 92130**



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KINDERGARTEN RECORD REQUEST

To the Parent

In order for SDJA's Admissions Office to receive your child's records, please complete the top portion of this form and **submit the entire page to your child's current school office**, along with the pre-addressed SDJA envelope. This form must ONLY be submitted to San Diego Jewish Academy by your child's school.

Student's name:

(Please print) First Middle Last Current grade: _____

Name of current school: _____

Please read and sign the statement below.

For the student named above, I authorize the release of school records. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Student's Parent or Guardian's Name:

(Please Print) First Last

Signature of Student's Parent or Guardian Date

To the Student's Current School

Please complete the attached Teacher Recommendation form and provide any additional comments you may have on a separate sheet of paper.

Name of School Official:

(Please print) First Last (_____) Phone

Signature of School Official Date

Should you have any questions, please contact our **Admissions Office at 858-704-3716**. Thank you for your assistance.

Please mail records to:

**San Diego Jewish Academy ■ Director of Admissions
11860 Carmel Creek Road ■ San Diego, CA 92130**