

Maimonides Upper School International High School Students Admission Checklist

- Contact the Admissions Office at 858-704-3717 to schedule a tour or get more information.
- Complete the online application at:
<http://www.sdja.com/admissions/international-student-admissions/>
Applications received by February 1, 2016 will receive priority consideration.
- Submit a non-refundable application fee of \$200.
- Request that the applicant's current school fill out the Math, English and Administrator Recommendation Forms. Please be sure to fill in the applicant's name and sign each form.
- Request that the applicant's current school send a copy of all report cards, standardized tests and academic records. Please be sure to fill in the applicant's name and sign the release.
- Have the applicant complete and submit the Student Application.
- Submit TOFEL scores.
- Submit a copy of the applicant's passport.
- When we receive a completed application, we will schedule a Skype interview for the applicant.

FOR QUESTIONS, PLEASE CONTACT:

Admissions Office

San Diego Jewish Academy

Phone: 858-704-3717

Email: admissions@sdja.com

Current Administrator Recommendation

San Diego Consortium of Independent Schools

The following member schools agree to accept this common recommendation form:

- | | |
|--|---|
| <input type="checkbox"/> Army & Navy Academy
<input type="checkbox"/> The Bishop's School
<input type="checkbox"/> The Children's School
<input type="checkbox"/> Francis Parker School
<input type="checkbox"/> The Grauer School | <input type="checkbox"/> La Jolla Country Day School
<input type="checkbox"/> Pacific Ridge School
<input type="checkbox"/> San Diego Jewish Academy
<input type="checkbox"/> Soille Hebrew Day School |
|--|---|

Child's Name _____ **Applying for Grade** _____ **in Fall 20** _____

Please insert your child's name and give this form to the Head of School, Principal or Guidance Counselor with stamped envelopes to the consortium schools to which you are applying. **Recommendations must be received by January 30, 2015.**

Parents Our signatures below indicate that we understand that this confidential recommendation is a required and important part of our child's admission application and we will not have access to it.

Parent/Guardian 1 Name (print) _____	Signature _____	Date _____
Parent/Guardian 2 Name (print) _____	Signature _____	Date _____

To the Administrator:

Please complete this form which will be accepted by all schools listed above. Feel free to photocopy your complete recommendation for your files, and then fill out the school-specific sections for each school to which you are sending a recommendation.

Applicant Information

No Opportunity to Observe	Poor	Fair	Average	Good	Excellent	One of the Best Ever
Academic achievement						
Conduct						
Integrity						
Consideration of others						
Social adjustment with peers						
Stability						
Attendance						

Family Information

No Opportunity to Observe	Rarely	Sometimes	Usually	Always
Communication with School				
Attendance at School Functions				
Cooperation with School Rules				
Cooperation with Faculty/Administration				
Fulfillment of Financial Responsibilities				
Participation in School Community				
Participation in Child's Education				

How long have you known this student and in what capacity? _____

Please share with us your observation about this student's academic ability, work habits, relationships with peers, classroom behavior, attitude and emotional maturity.

Please comment on this student's contribution to your school community and potential for leadership.

Please comment on the parents' expectations for their child. Please explain the way in which the family supports their child and the policies of your school.

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

Hours and phone number where you can be reached _____

Administrator's name _____

School _____

School/Cell phone _____ Email address _____

Signature _____ Date _____

I recommend this student:	Not at All	With Reservation	Mildly	With Confidence	Enthusiastically
Academic ability and promise					
Character and personal promise					
Overall					

Please make any additional comments on this student's appropriateness for the school selected on the first page.

Current English Teacher Recommendation

San Diego Consortium of Independent Schools

The following member schools agree to accept this common recommendation form:

- | | |
|--|---|
| <input type="checkbox"/> Army & Navy Academy
<input type="checkbox"/> The Bishop's School
<input type="checkbox"/> The Children's School
<input type="checkbox"/> Francis Parker School
<input type="checkbox"/> The Grauer School | <input type="checkbox"/> La Jolla Country Day School
<input type="checkbox"/> Pacific Ridge School
<input type="checkbox"/> San Diego Jewish Academy
<input type="checkbox"/> Soille Hebrew Day School |
|--|---|

Child's Name _____ Applying for Grade _____ in Fall 20 _____

Please insert your child's name and give this form to the current English teacher with stamped envelopes addressed to the consortium schools to which you are applying. **Recommendations must be received by January 30, 2015.**

Parents Our signatures below indicate that we understand that this confidential recommendation is a required and important part of our child's admission application and we will not have access to it.

Parent/Guardian 1 Name (print) _____	Signature _____	Date _____
Parent/Guardian 2 Name (print) _____	Signature _____	Date _____

To the Teacher:

Please complete this form below and return it to the admissions office. This recommendation will remain confidential and will not become a part of the student's permanent record. We sincerely appreciate your cooperation and candor.

Academic Qualities

No Opportunity to Observe	Poor	Fair	Average	Good	Excellent	One of the Best Ever
Reading Comprehension						
Effectiveness of Writing						
Development of Ideas						
Study Habits						
Attention Span						
Ability to Work Independently						
Motivation						
Intellectual Aptitude						
Intellectual Curiosity						
Critical and Abstract Thinking Skills						

Personal Qualities

No Opportunity to Observe	Poor	Fair	Average	Good	Excellent	One of the Best Ever
Creativity						
Self-Confidence						
Leadership Potential						
Reaction to Criticism						
Reaction to Setbacks						
Concern for Others						
Personal Conduct						
Personal Integrity						
Ability to Act Independently						
Ability to Work Cooperatively						

Please compare this student's academic achievement to his/her ability.

Please describe this student's mental ability with regards to the subject of English. (Consider reading and writing skills, originality, imagination, creativity, etc.)

Please comment on this student's study habits. (Consider initiative, industry, promptness, drive, ability to organize, etc.)

Please comment on this student as a person (Consider maturity, integrity, behavior, respect for others, self-discipline, individuality, sense of community service, etc.)

Other comments and remarks: (Are there any traits, good or bad, not mentioned above that are worthy of note?)

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

Hours and phone number where you can be reached _____

Teacher's name _____

Subject(s) and grade level(s) taught _____

Grades received _____

School _____ School/Cell phone _____

Signature _____ Date _____

I recommend this student	Not at All	With Reservation	Mildly	With Confidence	Enthusiastically
Academic ability and promise					
Character and personal promise					
Overall					

Please make any additional comments on this student's appropriateness for the school selected on the first page.

Current Mathematics Teacher Recommendation

San Diego Consortium of Independent Schools

The following member schools agree to accept this common recommendation form:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Army & Navy Academy <input type="checkbox"/> The Bishop's School <input type="checkbox"/> The Children's School <input type="checkbox"/> Francis Parker School <input type="checkbox"/> The Grauer School | <ul style="list-style-type: none"> <input type="checkbox"/> La Jolla Country Day School <input type="checkbox"/> Pacific Ridge School <input type="checkbox"/> San Diego Jewish Academy <input type="checkbox"/> Soille Hebrew Day School |
|--|---|

Child's Name _____ Applying for Grade _____ in Fall 20 _____

Please insert your child's name and give this form to the current mathematics teacher with stamped envelopes addressed to the consortium schools to which you are applying. **Recommendations must be received by January 30, 2015.**

Parents Our signatures below indicate that we understand that this confidential recommendation is a required and important part of our child's admission application and we will not have access to it.

Parent/Guardian 1 Name (print) _____	Signature _____	Date _____
Parent/Guardian 2 Name (print) _____	Signature _____	Date _____

To the Teacher:

Please complete this form below and return it to the admissions office. This recommendation will remain confidential and will not become a part of the student's permanent record. We sincerely appreciate your cooperation and candor.

Academic Qualities

No Opportunity to Observe	Poor	Fair	Average	Good	Excellent	One of the Best Ever
Study Habits						
Attention Span						
Ability to Work Independently						
Ability to Organize and Communicate Ideas						
Motivation						
Intellectual Aptitude						
Intellectual Curiosity						
Critical and Abstract Thinking Skills						
Follows Directions						
Shows All Necessary Steps						
Comes to Class Prepared						
Completes Homework on Time						
Handwriting Legibility						

Personal Qualities

No Opportunity to Observe	Poor	Fair	Average	Good	Excellent	One of the Best Ever
Creativity						
Self-Confidence						
Leadership Potential						
Reaction to Criticism						
Reaction to Setbacks						
Concern for Others						
Personal Conduct						
Personal Integrity						
Ability to Act Independently						
Ability to Work Cooperatively						

This student is enrolled in

- Arithmetic
- Pre-Algebra
- Algebra
- Geometry
- Other _____

Section level of course

- Remedial
- Regular
- Advanced
- Mixed-ability

Textbook(s) _____ Suggested math placement for next year _____

Please compare this student's academic achievement to his/her ability.

Please describe this student's mental ability with regards to mathematics. (Consider ability to retain mathematical relationships and principles, drawing generalizations, applying basic principles in word problems and relying on memory versus conceptual processes, etc.)

Please comment on this student's study habits. (Consider initiative, industry, promptness, drive, ability, ability to organize, etc.)

Please comment on this student as a person. (Consider maturity, integrity, behavior, respect for others, self-discipline, individuality, sense of community service, etc.)

Other comments and remarks: (Are there any traits, good or bad, not mentioned above that are worthy of note?)

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

Hours and phone number where you can be reached _____

Teacher's name _____

Subject(s) and grade level(s) taught _____

Grades received _____

School _____ School/Cell phone _____

Signature _____ Date _____

I recommend this student:	Not at All	With Reservation	Mildly	With Confidence	Enthusiastically
Academic ability and promise					
Character and personal promise					
Overall					

Please make any additional comments on this student's appropriateness for the school selected on the first page.



Learning for life.

**Maimonides Upper School
Student Application**

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

Student's name _____ Applying for Grade _____ in Fall 20 _____

Dear Student:

Please complete this form and tell us about yourself. We look forward to meeting you in person and discussing your responses to the following questions.

Tell us about your current school:

Describe the qualities of your favorite teacher:

What is your favorite subject and why?

Briefly discuss a book you have read in the past year. Tell us why it was impactful to you.

Do you play a musical instrument?
Yes No If yes, which one(s)?

Do you participate in any sports?
Yes No If yes, which one(s)?

Do you participate in any other co-curricular activities?
Yes No If yes, which one(s)?

What three words best describe
you?

1. _____ 2. _____ 3. _____

Please tell us something about yourself that has not been included in this application:

What do you feel you can contribute to San Diego Jewish Academy?

Student's Signature _____ Date _____

Please send this application via mail, fax or email to:

**San Diego Jewish Academy
Admissions Office
11860 Carmel Creek Road, San Diego, CA 92130
Phone (858) 704-3717 ♦ Fax (858) 704-3850
admissions@sdja.com**

