

Application Checklist

RAMAZ LOWER SCHOOL 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 by December 3, 2010.
- Include a copy of your child's birth certificate.
- Include a non-refundable application fee of \$150.
- Submit a copy of the ECC Teacher Recommendation Form to your child's current school/program (if applicable).
- Contact the Lower School Admissions Office to schedule your tour.
- Contact the Early Childhood Center office at 212-774-8010 to schedule your child's visit.
- If applicable, submit Financial Aid materials.

Please remember that the Application should be submitted by December 3, 2010. Late applications will be reviewed on a space available basis.

❖ **FOR QUESTIONS, PLEASE CONTACT:**
Admissions Office
Ramaz Lower School
Phone: (212) 774-8025
E-mail: admissions@ramaz.org

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**Please remember that the Application should be submitted by December 3, 2010.
The recommendation should be submitted by January 7, 2011.
Late applications will be reviewed on a space available basis.**

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- Include a copy of your child's birth certificate.
- Include a non-refundable application fee of \$150.
- Request that your child's current school/program fill out the ECC Teacher Recommendation Form and return it to the Ramaz Lower School Admissions Office.
- Contact the Lower School Admissions Office at 212-774-8025 to schedule your parent tour.
- Contact the Early Childhood Center office at 212-774-8010 to arrange for your child's visit.
- All students must take either the Educational Records Bureau (ERB) exam or be tested privately by an approved psychologist. Please select one of the following options:
 - Call the Admissions Office to obtain the name of an approved test administrator.
 - Arrange for your child to take the Educational Records Bureau (ERB) exam at his/her school. Please have them send the scores to The Ramaz School.
 - If the current school does not offer the test, please call the ERB at 212-672-9800, ext. 301 to schedule an appointment. Please have them send the scores to The Ramaz School.
- If applicable, submit Financial Aid materials.

**Please remember that the Application should be submitted by December 3, 2010.
Transcripts and recommendations should be submitted by January 7, 2011.
Late applications will be reviewed on a space available basis.**

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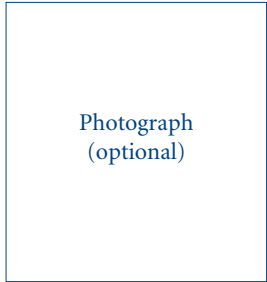
RAMAZ LOWER SCHOOL APPLICATION CHECKLIST

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

- Complete and return the Application by December 3, 2010.
- Include a copy of your child's birth certificate (Grade 1).
- Include a non-refundable application fee of \$150 for Grade 1 or \$175 for Grades 2-4.
- Submit a signed copy of the Transcript/Records Release Form to your child's current school/program and request that required files be submitted to the Ramaz Lower School no later than January 7, 2011 (Grades 2–4).
- Request that your child's current school/program fill out appropriate recommendation form(s) and return them to the Lower School Admissions Office. Please be sure to write your child's name on the Recommendation Forms.
 - ECC Teacher Recommendation Form (Grade 1)
 - Judaic Studies Recommendation Form (Grades 2–4)
 - General Studies Recommendation Form (Grades 2–4)
- Contact the Lower School Admissions Office to schedule your parent tour.
- Once we have received the application, we will call you to schedule your child's academic and cognitive evaluations.
- If applicable, submit Financial Aid materials.

Please remember that the Application should be submitted by December 3, 2010. Transcripts and recommendations should be submitted by January 7, 2011. Late applications will be reviewed on a space available basis.

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RAMAZ LOWER SCHOOL APPLICATION

Nursery – Grade 4

STUDENT INFORMATION

Name _____

Hebrew Name _____

Male Female

Date of Birth _____ Country of Birth _____

Applying for Grade _____ For September 20_____

Has the candidate previously applied to Ramaz? Yes No If so, when? _____

SCHOOL INFORMATION

Current School/Program _____

Address _____

Current Grade _____

School Phone Number _____

Name of Principal/Head of School _____

Schools/Programs Previously Attended

Dates Attended

Camps/Summer Programs Attended

Dates Attended

Application Form

FAMILY INFORMATION

Father/Guardian Name

- Dr.
- Mr.
- Rabbi

Relationship to Student _____

Hebrew Name _____

Home Address

Ramaz Alumnus Yes No Year _____

Phone (Home) _____

Phone (Work) _____

Phone (Cell) _____

E-mail _____

Occupation _____

Employer _____

Employer Address _____

Mother/Guardian Name

- Dr.
- Mrs.
- Ms.

Relationship to Student _____

Hebrew Name _____

Home Address (if different)

Ramaz Alumna Yes No Year _____

Phone (Home) _____

Phone (Work) _____

Phone (Cell) _____

E-mail _____

Occupation _____

Employer _____

Employer Address _____

Are both biological parents living? Yes No

Parents are: Married Separated Divorced

Father Remarried Yes No

Name of Step-parent

Mother Remarried Yes No

Name of Step-parent

If parents are separated or divorced, do parents share legal custody? Yes No

If parents are separated or divorced, do parents share physical custody? Yes No

Please provide appropriate documentation.

To whom should admissions correspondence be sent?

- Mother Father Both

Father: Jewish by Birth Jewish by Conversion

Mother: Jewish by Birth Jewish by Conversion

Conversion by Rabbi _____

Conversion by Rabbi _____

Phone Number _____

Phone Number _____

Date of Conversion _____

Date of Conversion _____

If your child was adopted, the conversion was performed by:

Rabbi _____

Date _____

Phone Number _____

SIBLINGS

Name	Age	Current School/Program
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GRANDPARENTS

Maternal _____

Paternal _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

E-mail _____

E-mail _____

ALUMNI RELATIONSHIPS

Family members who have attended Ramaz	Year Graduated	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SYNAGOGUE MEMBERSHIP

Name(s) of Synagogue(s) _____

Phone Number(s) _____

Name(s) of Rabbi(s) _____

RELIGIOUS OBSERVANCE

Does the applicant regularly attend synagogue services? Yes No

Do parent(s)/guardian(s) regularly attend synagogue services? Yes No

What is the family's current practice with respect to religious observances?

PARENT/GUARDIAN RECOMMENDATION

We are interested in the applicant as an individual. With this in mind, please describe in detail some special interest, experience, talent, achievement or anything else you would like us to know about him/her. (Please use a separate sheet of paper for your response.)

Parent's/Guardian's Signature _____

Date _____

Parent's/Guardian's Signature _____

Date _____

Please enclose a non-refundable application fee made out to The Ramaz School.

For grades N-1, the fee is \$150.

For grades 2-4, the fee is \$175.

Please complete and return application by December 3, 2010.

Tuition assistance is awarded on the basis of need.

All applications are considered for admission independent of a request for tuition assistance.

Please note that our application and related forms can be downloaded. Please visit our website at www.ramaz.org.



FOR INFORMATION, PLEASE CONTACT:

Admissions Office

Ramaz Lower School

Phone: (212) 774-8025

E-mail: admissions@ramaz.org

RAMAZ LOWER SCHOOL TRANSCRIPT/RECORDS RELEASE FORM

Parent: Please submit this form to your child's current school after you have signed the release section below.

Principal/Head of School: Please send the records for _____
to the Ramaz Admissions Office. (student name)

These records should include:

- Report cards of two prior school years
- Current semester report card
- Results of student's most recent standardized test scores
- Attendance Record
- IEPs and/or Resource Room Records (if applicable)

For the application to be complete, all materials must be received by January 7, 2011. However, we would like to request that they be submitted as soon as possible so that we may begin reviewing the file.

I authorize my child's current school to release information to the Ramaz Lower School Admissions Office. I understand that all the material shared with the Admissions Office is confidential.

Parent/Guardian Signature _____ Date _____

❖ FOR FURTHER INFORMATION, PLEASE CONTACT:

Admissions Office
The Ramaz School
60 East 78th Street
New York, NY 10075
Phone: (212) 774-8025
E-mail: admissions@ramaz.org

RAMAZ LOWER SCHOOL ECC TEACHER RECOMMENDATION FORM

Parent: Please complete the top portion and submit to your child's current school.

Name of Child _____

Child's Birthdate _____ Applying for Grade _____

Current School _____

I permit a representative of the Ramaz ECC to observe my child in his/her current school setting.

Parent Signature _____

Teacher: Thank you for taking the time to complete this recommendation form.
 All information is confidential and will be used only for admission purposes.

Attendance is Regular Not regular

SOCIAL/EMOTIONAL DEVELOPMENT

	Notably Advanced	Age Appropriate	Progressing Towards Age Appropriate	Possible Area of Concern
Comfort with peers				
Capacity to lead				
Capacity to follow				
Ability to work independently				
Cooperation in classroom				
Initiates play				
Comfort with adults				
Uses materials appropriately				

Please comment on the child's social development (e.g. self-image, ability to deal with conflict and frustration).

EARLY READINESS DEVELOPMENT

	Notably Advanced	Age Appropriate	Progressing Towards Age Appropriate	Possible Area of Concern
Ability to listen in a large group				
Ability to listen in a small group				
Ability to complete a task in a small group				
Ability to contribute to discussions				
Ability to follow 1-step directions				
Ability to follow 2-step directions				
Respect for classroom routines				
Ability to transition between tasks				
Appreciation of new challenges				
Positive response to constructive criticism				
Ability to express thoughts and ideas				
Ability to problem solve				

Please comment on early readiness development: (e.g. receptive and expressive language, visual and auditory discrimination).

PHYSICAL DEVELOPMENT

	Notably Advanced	Age Appropriate	Progressing Towards Age Appropriate	Possible Area of Concern
Small muscle control and coordination				
Large muscle control and coordination				
Participation in outdoor physical activities				

Please circle the words that best describe this student:

Fearful	Anxious	Articulate	Happy	Disobedient
Perfectionist	Motivated	Moody	Manipulative	Aggressive
Disorganized	Shy	Influential	Social	Confident
Follower	Easily discouraged	Responsible	Well-liked	Distractible
Rambunctious	Distracting	Irritable	Energetic	Leader

Please describe the student's particular strengths.

Please describe areas in need of further development.

Is there anything else you feel we should know about the child?

Name of Teacher _____
(Please print)

Relationship to student _____

Signature _____ Date _____

Please return by January 7, 2011 to:

❖ Admissions Office
The Ramaz School
60 East 78th Street
New York, NY 10075
Phone: (212) 774-8025
E-mail: admissions@ramaz.org

RAMAZ LOWER SCHOOL TEACHER RECOMMENDATION (GENERAL STUDIES)

Parent: Please give this recommendation form to the principal or the head of your child's school for distribution to the appropriate teacher.

Principal or Head of School: Please give this recommendation form to one of the student's teachers.

Teacher: Thank you for taking the time to complete this recommendation form. Please return this form directly to our office. All information is confidential and will be used only for admissions purposes.

Name of Student _____

Current School _____

Class Size _____

Please comment on the student's academic skills.

Please describe the student's strengths.

Please describe areas in need of development.

Please describe the student's interests.

Please describe the student's social skills.

Do you know any reason why this student could not thrive in our dual language program?

Additional Comments:

Name of Teacher _____

(Please print)

Signature _____ Date _____

Please return by January 7, 2011 to:

◆◆◆◆ Admissions Office
The Ramaz School
60 East 78th Street
New York, NY 10075
Phone: (212) 774-8025
E-mail: admissions@ramaz.org

Recommendation Form

**RAMAZ LOWER SCHOOL
TEACHER RECOMMENDATION (JUDAIC STUDIES)**

Parent: Please give this recommendation form to the principal or the head of your child's school for distribution to the appropriate teacher.

Principal or Head of School: Please give this recommendation form to one of the student's teachers.

Teacher: Thank you for taking the time to complete this recommendation form. Please return this form directly to our office. All information is confidential and will be used only for admissions purposes.

Name of Student _____

Current School _____

Class Size _____

Please comment on the student's academic skills.

Please describe the student's strengths.

Please describe areas in need of development.

Please describe the student's interests.

Please describe the student's social skills.

Do you know any reason why this student could not thrive in our dual language program?

Additional Comments:

Name of Teacher _____

(Please print)

Signature _____ Date _____

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