

# Bornblum Solomon Schechter School

## Student Application for Admission

Name of Student \_\_\_\_\_  
Last First Middle

Year of Entry \_\_\_\_\_ Current Grade \_\_\_\_\_

### *Mission Statement*

Bornblum Solomon Schechter School (BSSS) provides an exceptional secular and Jewish education, fostering healthy personal growth, a love of learning, a lifelong commitment to Judaism and the development of strong moral values.

### *Vision Statement*

As a key institution of the Memphis Jewish community, the Bornblum Solomon Schechter School today provides a well-rounded secular and Judaic curriculum that prepares students from grade one through grade eight to become educated, passionate and committed Jews. As BSSS looks to its future, it does so with expectations that it will continue to flourish and to strengthen its position as the best Jewish day school in the community and one of the premiere Jewish day schools in the United States.

### **Admissions**

The Bornblum Solomon Schechter School serves all Jewish families of the Memphis community who seek a superior general and Jewish education and whose children show an ability to meet the academic and behavioral expectations of the school's dual curriculum. Admission of each student is at the sole discretion of the school.

Applications are dated when received. Priority is given to the admission of siblings of returning students if their applications are received by January 15. Priority for the admission of all other eligible students is determined by the date of receipt of the completed admission application. Parents should apply early to ensure that there is a place available in the class for their children.

Applicants for the First Grade must complete kindergarten and turn six by September 30<sup>th</sup> of the year in which they are to begin school.

### **Notice of Policy**

Bornblum Solomon Schechter School admits students of any race, color, or national origin with full rights, privileges, programs and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color or national origin in administration of its educational policies, admissions policies, scholarships, or any other school administered programs.

### **Application Submission**

Please submit this completed application, the information release form and an application fee of \$200 to the BSSS office.

6641 Humphreys Boulevard Memphis, Tennessee 38120  
Telephone 901-747-2665 Fax 901-747-4641 web site: [bsssmemphis.com](http://bsssmemphis.com)



**Name of Applicant:** \_\_\_\_\_  
(Last) (First) (Middle) (Hebrew)

Sex: \_\_\_M \_\_\_F Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Applicant lives with: \_\_\_Both Parents \_\_\_Mother \_\_\_Father \_\_\_Other: \_\_\_\_\_

Home Address: Street & Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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**Name of Father:** \_\_\_\_\_ Religion: \_\_\_\_\_

Home Address: Street & Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: Street & Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Name of Mother:** \_\_\_\_\_ Religion: \_\_\_\_\_

Home Address: Street & Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: Street & Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Brothers and Sisters:**

Name

Date of Birth

Grade

School

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**Synagogue Affiliation:**

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**Grandparents:**

Name Address City, State, Zip Phone

Name Address City, State, Zip Phone

Name Address City, State, Zip Phone

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**Previous Schools Attended:**

Name: \_\_\_\_\_ Years attended: \_\_\_\_\_

Address City State Zip

Name: \_\_\_\_\_ Years attended: \_\_\_\_\_

Address City State Zip

Name: \_\_\_\_\_ Years attended: \_\_\_\_\_

Address City State Zip

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**Child's Physician:**

Address City, State, Zip Phone

**Please answer the following questions:**

Does your child have any special learning, emotional, or behavioral problems that you are aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any previous testing, under whose auspices, the name of the test(s), and if you know this information, the general results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child see any specialists such as an ophthalmologist, speech therapist, occupational therapist, psychologist, tutor, etc.? If so, please list the specialist's name, area of expertise, and the reason your child is being seen: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any chronic medical problems such as sinus infections, inner ear infections, and/or allergies etc.? If so please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take medication regularly? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child experienced any of the following recently?

- |                                   |                             |
|-----------------------------------|-----------------------------|
| Parental separation/divorce _____ | Hospitalization _____       |
| Parental remarriage _____         | Change of residence _____   |
| Severe illness or accident _____  | Illness in the family _____ |
| Death in the family _____         | Other _____                 |

**Optional Questions:**

What are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what area(s) would you like to see your child improve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_