

APPLICATION FOR ADMISSION (Continued)

PREVIOUS SCHOOLS ATTENDED

1. School _____ Years Attended _____

Address _____

Street City State Zip

Director's Name _____

2. School _____ Years Attended _____

Address _____

Street City State Zip

Director's Name _____

MEDICAL INFORMATION

Child's Physician _____

Address _____

Street City State Zip

Phone _____ Exchange _____

EMERGENCY INFORMATION

In case of emergency, please contact:

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

BACKGROUND INFORMATION

Please explain why you have chosen **SMDS-RJA** for your child. _____

Please describe any special needs we should know about your child. _____

How did you hear about our school? _____

Signature of Parent _____ Date _____

*Please complete this application in full and return it
with your non-refundable application fee of \$200 and photo of your child to*

**THE SAUL MIROWITZ DAY SCHOOL-REFORM JEWISH ACADEMY
11411 North Forty Drive
St. Louis, MO 63131**

OFFICE USE : Date received _____ Application Fee received _____ Check No. _____