

Talmud Torah of St. Paul
Annette Newman Day School
Marjorie Smith Hofman Educational Building
768 Hamline Avenue South
St. Paul, MN 55116
Phone: 651-698-8807
Fax: 651-698-8912
www.ttsp.org



Application Form

Child's Name _____ Entering Grade: _____

Sex: M F Birthdate _____ Hebrew Name _____
M D Y

PARENT/GUARDIAN INFORMATION	
Parent/Guardian A: _____	Parent/Guardian B: _____
Relationship to student: _____	Relationship to student: _____
Address: _____ _____	Address: _____ _____
Day Phone: _____	Day Phone: _____
Eve. Phone: _____	Eve. Phone: _____
Cell/Pager: _____	Cell/Pager: _____
Email: _____	Email: _____
Occupation and Employer: _____ _____	Occupation and Employer: _____ _____
Synagogue Affiliation: _____	Synagogue Affiliation: _____

FAMILY INFORMATION

Siblings:

Name _____ Age _____ Current School _____
 Name _____ Age _____ Current School _____
 Name _____ Age _____ Current School _____

APPLICATION DEADLINE: This application, along with a **\$75** non-refundable deposit, must be returned to the school office by Thursday, **February 17, 2009.**

Over Please

Non-Discrimination Policy

The Talmud Torah of St. Paul is committed to the principle of equal opportunity and admits students of any race, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, nationality, or ethnic origin in administration of its educational policies, athletic or other school administered programs.

For Parent/Guardian to Complete

1. Current or last school attended _____

2. (For Kindergarten Applicants only.) Has your child had a Kindergarten screening?
YES _____ NO _____ Please attach.

3. Has your child ever had an educational, neurological, or psychological evaluation?

YES _____ NO _____ DATE _____

3a. If YES, please describe:

4. Please describe your child's strengths, challenges, interests. _____

5. How does your child relate to peers.

6. How does your child relate to adults/teachers/authority figures.

7. Please describe your family's – and your child's – Jewish involvement and experiences.

8. Please describe your own expectations for the Talmud Torah Day School.

9. Please let us know any additional information that would help us provide the best possible educational experience for your child.
