

2019-20

Application for Admission Package



Mazel
Day School
ACADEMY OF THE ARTS AND SCIENCES

About the Admissions Process

Admission to our School is selective; the aim is to enroll a diversity of talented, well-adjusted and academically capable students who will make a positive contribution to the school community and who will find personal success at the school. Admission decisions are made after careful evaluation of each student's application materials, interview, referrals and availability of space.

The first step in the admissions process begins with a submission of an application form, followed by a visit tour by prospective students and parents, as well as an interview and assessment of applying students by our Educational Director. This will give you the opportunity to see what we can provide your child, as well as if your child is a good candidate for our program. If your child is currently on a waiting list for any of our classes, the process of the admission schedule below still applies.

Tuition assistance is available to qualifying families of students applying to Kindergarten through Grade 8. The amount of aid awarded each year is based on documented need (including tax returns). All information submitted is kept strictly confidential. When completing the application for admission, check the appropriate box to indicate that you are requesting tuition assistance information. The School Office will forward all the necessary forms to you with detailed instructions and deadlines.

ADMISSION CHECKLIST:

The following items should be submitted by **JANUARY 31ST** (PRESCHOOL applicants) or **FEBRUARY 15TH** (GRADES K-8 applicants). *Late applications will be considered on a space available basis.;*

- Completed Application Form
- Recent Photograph of Applicant
- Non-refundable Application Fee of \$200

For New Students applying to Grades PreK and up... (in addition to all items listed above)

- Teacher's Recommendation Form - See pages 8-10

For New Students applying to Grades 1 and up... (in addition to all items listed above)

- Signed Transcript/Records Release Form - See page 7
- Current semester report card, as well as Report Cards of two prior school years
- Results of most recent Standardized Tests
- IEP or other relevant Educational Evaluations / Reports
- Samples of recent student work (math and writing)

Following the receipt of all documentation, new Student visits to the school will be scheduled. Visits include an on-site tour with parents, a student interview and screening (informal or formal, depending on age of child). The Director of Admissions will contact you to schedule an appointment for your tour.



Mazel Day School
 2901-15 Brighton 6th Street
 60 West End Avenue
 Brooklyn, NY 11235
 Phone: 718-368-4490
 Email: admissions@mazeldayschool.com

APPLICATION FOR ADMISSION

2019-2020 SCHOOL YEAR

NEW APPLICANTS

Student Information

Last Name: Male Female

First Name: Nickname:

Hebrew Name (if known): Country of Birth:

Date of Birth: / / Hebrew Birth date (if known):

Address:

City: State: Zip code:

Living With: Parents Mother Father Other:

Is father Jewish? Is mother Jewish? Is maternal grandmother (mother's mother) Jewish?

Were there any conversions in the family? If yes, who?

What was the name of the Rabbi who officiated the conversion?

Language(s) spoken at home: Child's first language:

Please attach a recent photo of the applicant to the application.

Program Application

Please select the grade that you are applying to.

PRESCHOOL DIVISION

- PRE-NURSERY** (DOB 12/2016 – 10/2017, child must be turning 2 by Oct) Full Day
- NURSERY** (DOB 12/2015 – 11/2016, child must be turning 3 by Nov) Half Day *(available only for Pre-Nursery)*
- PRE-K** (DOB 12/2014 – 11/2015, child must be turning 4 by Nov)

LOWER SCHOOL DIVISION

- KINDERGARTEN** (DOB 12/2013 – 11/2014, child must be turning 5 by Nov)
- GRADE 1** (DOB 12/2012 – 11/2013)
- GRADE 2** (DOB 12/2011 – 11/2012)
- GRADE 3** (DOB 12/2010 – 11/2011)
- GRADE 4** (DOB 12/2009 – 11/2010)

MIDDLE SCHOOL DIVISION

- GRADE 5** (DOB 12/2008 – 11/2009)
- GRADE 6** (DOB 12/2007 – 11/2008)
- GRADE 7** (DOB 12/2006 – 11/2007)
- GRADE 8** (DOB 12/2005 – 11/2006)*
- * We typically do not accept applications for the 8th grade.
- Transportation Busing (NYC Dept of Ed)



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Parent Information

FATHER'S INFORMATION

Father's Last Name: Dr. Mr. Rabbi

Father's First Name: Hebrew Name (if known):

Home Address (if different from child's):

Occupation:

Business Name:

Business Address:

City: State: Zip code:

Home Phone: Cell:

E-Mail:

Special Interests/Hobbies:

MOTHER'S INFORMATION

Mother's Last Name: Dr. Mrs. Ms.

Mother's First Name: Hebrew Name (if known):

Home Address (if different from child's):

Occupation:

Business Name:

Business Address:

City: State: Zip code:

Home Phone: Cell:

E-Mail:

Special Interests/Hobbies:

*Please note that the school often uses email as its primary means of communication.
 Please provide us with the email address that you check most frequently.*

Preferred number to use when contacting Parents: Home Mom's Cell Dad's Cell Other

Is one parent currently living out of state? Yes No If yes, who?

Are parents separated or divorced? Yes No If yes, who has legal custody?

If yes, to whom should tuition and financial correspondence be sent?



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Sibling Information

Number of Siblings in Child's family: _____ Placement of Child in Family (youngest, oldest, etc.): _____

Sibling Name	Age	School Attending	Current Grade

Does the Child have a sibling enrolled at Mazel Day School currently or in the past?

Name of Sibling who is a current / past Mazel Day School student?

Previous School Experience

Child's Current School/Program: _____

School Address: _____

Phone Number: _____ Name of Principal: _____

Please list all schools previously attended including Day Care/Preschool:

Name of School	City	Grade/Age	Phone Number

Please list all summer camps/programs previously attended:

Name of Summer Camp	City	Dates Attended	Phone Number

Has your child ever been asked to withdraw from a school or camp program? Yes No

If yes, please explain: _____

Has your child ever repeated or skipped a grade? Yes, Repeated Yes, Skipped No

If yes, what grade level was repeated or skipped? _____

How did you hear about us?

How did you hear about our school?

Friend – Name: _____

Facebook

Internet Search

Relative – Name: _____

Instagram

Website



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Please indicate why you are interested in applying for admission to Mazel Day School. Why is your child a good candidate for our program?

Important to Know

Is there any medical information about your child that is important for the school to know? Yes No
 If yes, please explain:

Is there any special family circumstance (move, divorce, illness, loss)? Yes No
 If yes, please explain:

Are there any academic or learning accommodations that your child may need? Yes No
 If yes, please explain:

Please list any form of professional therapy or counseling services which your child may have received.
[This information is confidential and will not be shared with any other individuals or organizations without your knowledge. Please understand that this information is essential to our overall understanding of your child so that we will be able to provide him/her with the most meaningful & quality education possible.]

Type of Therapy: *Please circle: Service Current or Terminated*

Reason for Service:

Type of Therapy: *Please circle: Service Current or Terminated*

Reason for Service:

Please include a doctor's note (for medical related issues) or a current IEP (for children receiving services).

More About You & Your Child...

Please briefly describe your child's personality, interests and abilities:

As parents, what are your educational expectations of Mazel Day School?



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Brooklyn, NY 11235
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What interests you in having your child attend a private Jewish day school?

How would you describe your child's present school experience?

We strongly encourage parental involvement at our school. In what ways might you be able to share your time, resources or talents with our school?

Parent Signature

Tuition assistance is available to qualifying families of students applying to Kindergarten through Grade 8. Do you wish to receive information about the Tuition Assistance program? [] Yes [] No

If Yes, Tuition Assistance application information will be sent to you. Please attend to these materials in a timely fashion. We may not be able to honor late application.

To the best of my knowledge, the information I have provided in this application is true and complete. I understand that omission of (or inaccurate) information may be grounds for dismissal if student has been accepted.

Signature of Parent/Guardian

Date

Please return the completed application form, including a non-refundable application fee* of \$200 made payable to Mazel Educational Center by JANUARY 31ST (PRESCHOOL applicants); FEBRUARY 15TH (GRADES K-8 applicants) to:

Mazel Day School
ATT: ADMISSIONS
2901 Brighton 6th Street
Brooklyn, NY 11235
admissions@mazeldayschool.com

*Fee not required for UPK applicants.

FOR OFFICE USE ONLY

Form with checkboxes and fields for: \$200 Application Fee PAID, CASH, CHECK #, Date Submitted, Teacher Recommendation, Transcripts and Records, Date Received.



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60 West End Avenue
Brooklyn, NY 11235
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TRANSCRIPT REQUEST
(FOR NEW STUDENT APPLICANTS TO GRADES 1 - 8)

TO PARENT: Please complete this cover letter and submit pages 7-10 to applicant's current or last attended school so that they can then forward transcript information and recommendations to our office.

I hereby give permission for:

Name of Current School

Street Address

City, State, Zip

To release all records pertaining to: Student's Name

Records should include:

- Current semester report card
• Report Cards of two prior school years
• Results of most recent Standardized Tests
• IEP or other relevant Educational Evaluations / Reports
• Record of any Disciplinary Actions or Behavior Modification Plans
• Samples of student work in math and writing
• Teacher Recommendation Form (see attached)

And to forward those records to: Mazel Day School
ATT: ADMISSIONS
60 West End Avenue, Third Floor
Brooklyn, NY 11235
718-368-4490
admissions@mazeldayschool.com

Parent's Signature Date



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TEACHER RECOMMENDATION

(FOR NEW STUDENT APPLICANTS TO PREK - GRADE 8)

FOR PARENT to complete:
 Name of Student Applicant: _____
First Name *Last Name*
 Parent / Guardian Name: _____ Parent Phone # _____
 Current Grade of Student Applicant: _____
 Teacher recommendation must come directly from the school and will be treated as confidential.

TO TEACHER: Thank you for taking the time to complete this recommendation form. Please be candid about this student’s abilities and performance in your classroom. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing and developing. This form is only one piece of the student’s profile in his/her application process. All information is confidential and will only be used for admission purposes. When complete, please place this form in a sealed envelope, placing your signature on the seal line to ensure confidentiality. We appreciate your help in sharing your experience with this Student.

Teacher’s Name	School
Position	Date Form was Completed
Contact Phone Number	Contact Email Address
Hours you are available _____ to _____ AM/PM	Preferred Contact _____ Email _____ Call

1. How long and in what capacity have you known the Student? _____

2. Current class size : _____
3. How would you describe the Student’s overall personality? _____



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- 4. Please describe the Student's strengths:
5. Please describe areas in need of further development:
6. Please describe the Student's interests or hobbies:

7. Please describe the Student's performance in these areas:

Social and Peer Relationships:

- Advanced Age-appropriate Emerging An area of concern

Explain:

Behavior/Maturity:

- Advanced Age-appropriate Emerging An area of concern

Explain:

Ability to keep with the class and transition between activities:

- Advanced Age-appropriate Emerging An area of concern

Explain:

Academic Abilities:

- Advanced Age-appropriate Emerging An area of concern

Explain:

Ability to pay attention, listen and follow directions:

- Advanced Age-appropriate Emerging An area of concern

Explain:

Emotional Development (self-image, confidence, ability to deal with frustration):

- Advanced Age-appropriate Emerging An area of concern

Explain:



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Language and Communication Skills:

- Advanced Age-appropriate Emerging An area of concern

Explain:

Independence, Self-Care and Organization:

- Advanced Age-appropriate Emerging An area of concern

Explain:

8. Student's school attendance is Regular Not Regular

Explain:

9. Are you aware of any independent evaluations or services being provided for physical, emotional or academic reasons regarding this student?

- Yes* No Don't Know

Are there any evaluations or services that you feel should be provided due to physical, emotional or academic concerns regarding this student?

- Yes* No Don't Know

Does this student receive any type of special accommodations?

- Yes* No Don't Know

*If yes, please explain:

Three horizontal lines for explanation.

10. Please describe level of parent involvement, cooperation, communication, etc.:

Two horizontal lines for description.

11. Are you aware of any special family or health circumstances relevant to this student?

Two horizontal lines for response.

Please return completed recommendation form in a sealed envelope, placing your signature on the seal line to ensure confidentiality, by February 15th, 2020, to:

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2901 Brighton 6th Street
Brooklyn, NY 11235