

Please explain the role you believe Judaism plays in your child’s growth and education.

Please tell us something special about your child.

As a community school, we value the collaboration between school and family. Describe any knowledge/expertise that you might be able to share with our school community.

For more information, please contact us.

Chicago Jewish Day School
3730 North California Avenue
Chicago, Illinois 60618

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Application for Admission

Student/Candidate Information

English name		Gender
Hebrew name (if applicable)	Primary language spoken at home	Additional languages spoken at home
Date of birth (month/day/year)		Grade applying for
Home address		
City	State	Zip code
Phone number		
Current school and grade	Name of current teacher	
School address	School phone number	
City	State	Zip code
Family’s synagogue affiliation (if applicable)		
How did you hear about CJDS?		

Is your child up-to-date on his/her vaccinations? ☐ Yes ☐ No

Has your child ever been evaluated for and/or received any type of therapy (e.g. physical, occupational, speech/language, learning, psychotherapy)? If yes, please describe below. ☐ Yes ☐ No

