



Kellman Brown Academy
Academics.Values.Tradition
A Solomon Schechter Day School

Application for Admission

Name

For School Year: _____

Entering Grade: _____

1007 Laurel Oak Road
Voorhees, New Jersey 08043
856-679-2929

STUDENT INFORMATION

Application for Grade: _____ Child's Social Security #: _____

Name: _____
Last Middle First Hebrew

Primary Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Neighborhood (Development): _____

Date of Birth: _____ Place of Birth: _____

Male _____ Female _____ Is the child Jewish? Yes ___ No ___ Last Grade Completed _____

Schools Attended *(Please include day care and nursery)*

Current School: _____ Dates: _____ Grade: _____
_____ Phone: _____
Address Area Code Number

Previous School: _____ Dates: _____ Grade: _____
_____ Phone: _____
Address Area Code Number

Camps Attended

Current Camp: _____ Dates: _____ Grade: _____
_____ Phone: _____
Address Area Code Number

Do you or your child speak any language other than English? Yes No

If "Yes," what is the primary language spoken at home? _____

Siblings

Name	Date of Birth	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____

PARENT INFORMATION

Father

Name: _____ Social Security #: _____
Last First Hebrew

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Occupation: _____ Employer's Name: _____

Business Address: _____

Business Telephone: _____ Cell Phone: _____

Is Father Jewish? Yes _____ No _____ Synagogue Affiliation: _____

Alumnus of Kellman Academy? _____ What year did you graduate from Kellman? _____

Mother

Name: _____ Social Security #: _____
Last First Hebrew

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Occupation: _____ Employer's Name: _____

Business Address: _____

Business Telephone: _____ Cell Phone: _____

Is Mother Jewish? Yes _____ No _____ Synagogue Affiliation: _____

Alumnus of Kellman Academy? _____ What year did you graduate from Kellman? _____

Grandparents (in order for us to share good news and happenings at Kellman)

Names: _____
First Names and Last Name First Names and Last Name

Home Address: _____

E-Mail Address: _____

PRE-SCHOOL REGISTRATION
Please enroll my child in the following:

<u>Preschool</u>	Days Selected
*2,3 or 4 Year Old: 3 Days AM (8:30 AM – 11:30 AM)	_____
*2,3 or 4 Year Old: 5 Days AM (8:30 AM – 11:30 AM)	_____
Extended lunch (11:30 AM – 12:30 PM)	_____
Afternoon Enrichment (11:30 AM – 3:30 PM – M – Th) (11:30 AM – 3:00 PM – Friday)	_____

*Children must reach age 2 by October 1 of entering year.

Please Note: Applications will be processed only when accompanied by the appropriate fees and deposit.

The following family(ies) should receive tuition credit for recommending KBA to us: _____

I/We hereby apply for admission for my/our child to Kellman Brown Academy.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Kellman Brown Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its admission policies, educational policies, scholarships and loan programs, athletic and other school administered programs.

FOR OFFICE USE ONLY

Date received: _____

Fee received: _____