

LUBAVITCH ELEMENTARY SCHOOL
17330 Northwest 7th Avenue, Miami, FL 33169

PRE-APPLICATION FORM

STUDENT INFORMATION

Name: _____ Date of Birth: _____ Country of Birth: _____
Hebrew Name: _____ Male: _____ Female: _____ Applying for Grade: _____ for August 2019.
Has student previously applied to Lubavitch Educational Center? Y _____ N _____ If so, for what year? _____

SCHOOL INFORMATION

Current School/Program: _____ Current Grade: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Name of Principal: _____
Schools/Programs Previously Attended (Place a check in the box to indicate Judaic Studies): Dates Attended:
1) _____ _____
2) _____ _____
3) _____ _____
Camps/Summer Programs Attended: Dates Attended:
1) _____ _____
2) _____ _____
Has the child ever completed a psycho-educational evaluation? _____
Reason for Requesting School Transfer: _____

FAMILY INFORMATION

Parent/Guardian A: Name: _____ Relationship to Student: _____
Street Address: _____ Apt. #: _____ City: _____
State: _____ Zip: _____ Home Telephone: _____ Cellular: _____
Work Phone: _____ Email: _____
Occupation: _____ Employer: _____
Employer Address: _____
Jewish from birth? Y N . Are you married divorced widowed? Name of Spouse: _____

Parent/Guardian B: Name: _____ Relationship to Student: _____

Street Address: _____ Apt. #: _____ City: _____

State: _____ Zip: _____ Home Telephone: _____ Cellular: _____

Work Phone: _____ Email: _____

Occupation: _____ Employer: _____

Employer Address: _____

Jewish from birth? Y N . Are you married divorced widowed? Name of Spouse: _____

To whom should admissions correspondence be sent? Parent A _____ Parent B _____ Both _____

Mother's Maiden Name: _____

Other Children in Family:

Name	Age	Current School/Program
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Synagogue Membership:

Name of Synagogue: _____ Telephone: _____

Name(s) of Rabbi(s): _____

Parent's/Guardian's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Completed Pre-Applications are to be faxed to the appropriate department, to the attention of:

ELELMENTARY SCHOOL BOYS

Mrs. Shevi Sossonko

(305) 653-6790

or mailed to:

Lubavitch Educational Center

ATTN: Mrs. Shevi Sossonko

17330 NW 7th Avenue

Miami, FL 33169

or emailed to:

ssossonko@lecfl.com

ELELMENTARY SCHOOL GIRLS

Mrs. Chaya Sara Dalfin

(305) 653-6790

or mailed to:

Lubavitch Educational Center

ATTN: Mrs. Chaya Sara Dalfin

17330 NW 7th Avenue

Miami, FL 33169

or emailed to:

cdalfin@lecfl.com