

## APPLICATION CHECKLIST

*The following checklist is provided to ensure that you will not overlook any important aspect of the admissions process. Please complete all sections of this application.*



### THE APPLICATION

- Complete the Application for Admission.
- Make a copy of the completed application for your records.
- Return the application as soon as possible.

### TEACHERS' RECOMMENDATIONS

#### Lower School (K-4)

- Print the applicant's name on the Teacher Recommendation Form.
- Give the form to the applicant's current teacher with pre-addressed stamped envelope.

#### Middle School (5-8)

- Print the applicant's name on the Teacher Recommendation Forms.
- Give the forms to the applicant's current English and math teachers with pre-addressed stamped envelopes.  
NOTE: If your child has the same teacher for both English and math, please submit one recommendation from that teacher and a second recommendation from another academic teacher (please indicate academic subject).

#### Upper School (9-12)

- Print the applicant's name on the Teacher Recommendation Forms.
- Give the forms to the applicant's current English and math teachers with pre-addressed stamped envelopes.  
NOTE: If your child has the same teacher for both English and math, please submit one recommendation from that teacher and a second recommendation from another academic teacher (please indicate academic subject).

### INTERVIEW

Upon receipt of your completed application and other forms, the admissions office will contact you to schedule an appointment for an interview.

# APPLICATION FOR ADMISSION

To be completed by parent or guardian. Essay to be completed by applicant.



## APPLICANT INFORMATION

Student's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name/Nickname and/or Hebrew Name \_\_\_\_\_ Present Grade \_\_\_\_\_

Applying to Enter Grade \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizen of \_\_\_\_\_

Current School \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_ Type of School  Public  Independent  Foreign  Religious

Has your child ever applied to our school before?  Yes  No

Please list your child's interests and extracurricular activities in order of importance. If the activity is not at her/his current school, please indicate the organization or club name and level of proficiency (if relevant).

Activity	# of Years	Organization/Club/Level/Awards

Please list siblings of applicant if any:

Name	Age	Present School*
_____	_____	_____
_____	_____	_____

\*Please note if any sibling is a student at The Adelson Educational Campus.

Please list all languages spoken in your home, indicating the primary language first.

\_\_\_\_\_

# FAMILY INFORMATION

## PARENT 1

Name (include title Dr. Mr. Mrs. Ms.)

First Middle Last

Relationship to applicant:

Mother  Father  Step-parent  Other

Home Address

City, State, Zip

Home Phone

Cell Phone

Occupation/Job Title

Name of Company/Organization

Work Address

City, State, Zip

Work Phone

Email

Educational Background

Primary email for school contact: \_\_\_\_\_

Please check all that apply:

Parents Married <input type="checkbox"/>	Parents Divorced <input type="checkbox"/>	Parents Separated <input type="checkbox"/>	Parent 1 Remarried <input type="checkbox"/>	Parent 2 Remarried <input type="checkbox"/>	Parent 1 Deceased <input type="checkbox"/>	Parent 2 Deceased <input type="checkbox"/>
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With whom does the student reside? \_\_\_\_\_

If parents live separately, should correspondence from the Admission Office be mailed to each Parent/Guardian?

Both  Parent 1 only  Parent 2 only

If Parent/Guardian 1 is remarried, spouse's full name: \_\_\_\_\_

If Parent/Guardian 2 is remarried, spouse's full name: \_\_\_\_\_

Family's religious affiliation: (required) \_\_\_\_\_

## PARENT 2

Name (include title Dr. Mr. Mrs. Ms.)

First Middle Last

Relationship to applicant:

Mother  Father  Step-parent  Other

Home Address

City, State, Zip

Home Phone

Cell Phone

Occupation/Job Title

Name of Company/Organization

Work Address

City, State, Zip

Work Phone

Email

Educational Background

In the space below (or on a separate attached sheet), we welcome any additional comments which you might like to make about your child. A parental perspective helps us to know each applicant more completely.

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Parents of applicants are advised to submit this application as soon as possible.

- We are not applying for financial aid.
- We are applying for financial aid.

We (I) certify that the information provided on this application is true and accurate. We (I) understand that the Administrator's and Teachers' Evaluations are confidential and will not be disclosed to me or become part of my child's permanent record.

\_\_\_\_\_  
Signed (Parent 1)

\_\_\_\_\_  
Signed (Parent 2) – optional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please make a copy of this application for your records and return the original to:  
The Adelson Educational Campus, 9700 W. Hillpointe Road, Las Vegas, Nevada 89134**

*The Adelson Educational Campus admits students of any race, color, religion, sexual orientation, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, sexual orientation or national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic or other school-administered programs.*



## THE ADELSON EDUCATIONAL CAMPUS DRUG POLICY

*Parents: Please complete and sign this form.*

As a drug-free school, The Adelson Educational Campus will test all students for drugs. Our intent is to provide all students with a healthy environment in which to learn and grow. Depending on the circumstances, students who violate our policy will be subject to disciplinary action. Please sign this form to indicate that you consent to allow the school to test your child for drugs.



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Student Name

*I hereby give permission to have my child tested for drugs.*

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Signature of Parent or Guardian

Date

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Signature of Student

Date

# MATH TEACHER RECOMMENDATION FORM

Parents: Please complete the top portion of this form before giving it to your child's current math teacher.



Applicant's Name \_\_\_\_\_ Candidate for grade \_\_\_\_\_

Teacher's Name \_\_\_\_\_

School's Name \_\_\_\_\_ Telephone \_\_\_\_\_

In what grade(s) do you teach the applicant? \_\_\_\_\_

What is the title of your course? \_\_\_\_\_

What are the major topics covered? \_\_\_\_\_

Which math course would you recommend for this student next year?

- Algebra I  Geometry  Algebra II  Pre-Calculus  Calculus

In my \_\_\_\_\_ years of teaching experience, I would rate this student academically in the:

- Lower 50%  Top 50%  Top 25%  Top 10%  Top 5%  Top 1%

Attendance pattern \_\_\_\_\_

Has there been any disciplinary action for this student? If yes, please explain. \_\_\_\_\_

Is this child in good standing and eligible to re-enroll in your current school?  Yes  No

Is there any additional information concerning this child about which the school should be aware (physical or emotional development, family life, medications, custodial arrangements, etc.)?  Yes  No If yes, please explain.

### Recommendation for The Adelson Educational Campus

	<i>Not Recommended</i>	<i>Without Enthusiasm</i>	<i>Fairly Strongly</i>	<i>Strongly</i>	<i>Enthusiastically</i>
For Academic Potential:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Character and Personal Promise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion, do you believe this applicant can handle the rigors of a college preparatory program?  Yes  No

Your judgments are used solely for the admission process, are held in **strictest confidence**, and do not become a part of a student's permanent record. Although we are unable to acknowledge this recommendation individually, we are well aware of how much time and thought writing letters of this sort requires. We thank you for the help your comments will provide. Please feel free to call me at (702) 255-4500 if there is any information you wish to discuss.

Paul Mahoney  
Head of Upper School  
The Adelson Educational Campus

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Applicant's Name

- |   |  |  |   |   |
|---|--|--|---|---|
| 1. Academic achievement                       | <input type="checkbox"/> below expectations      | <input type="checkbox"/> fair                            | <input type="checkbox"/> good                                     | <input type="checkbox"/> outstanding              |
| 2. Ability to work in a group                 | <input type="checkbox"/> has great difficulty    | <input type="checkbox"/> sometimes has difficulty        | <input type="checkbox"/> usually effective                        | <input type="checkbox"/> always works well        |
| 3. Ability to work alone                      | <input type="checkbox"/> has great difficulty    | <input type="checkbox"/> needs help frequently           | <input type="checkbox"/> needs help occasionally                  | <input type="checkbox"/> always works well        |
| 4. Participation in discussion                | <input type="checkbox"/> rarely contributes      | <input type="checkbox"/> wants to dominate               | <input type="checkbox"/> contributes occasionally                 | <input type="checkbox"/> joins in readily         |
| 5. Classroom conduct                          | <input type="checkbox"/> frequent disruptions    | <input type="checkbox"/> occasional misconduct           | <input type="checkbox"/> usually good behavior                    | <input type="checkbox"/> good conduct             |
| 6. Written expression                         | <input type="checkbox"/> poor                    | <input type="checkbox"/> limited                         | <input type="checkbox"/> good                                     | <input type="checkbox"/> excellent                |
| 7. Ability to express ideas orally            | <input type="checkbox"/> limited                 | <input type="checkbox"/> has some difficulty             | <input type="checkbox"/> good                                     | <input type="checkbox"/> exceptional              |
| 8. Daily preparation                          | <input type="checkbox"/> poor                    | <input type="checkbox"/> fair                            | <input type="checkbox"/> good                                     | <input type="checkbox"/> excellent                |
| 9. Use of time                                | <input type="checkbox"/> uses poorly             | <input type="checkbox"/> occasionally wastes             | <input type="checkbox"/> usually uses well                        | <input type="checkbox"/> always uses effectively  |
| 10. Follows directions                        | <input type="checkbox"/> rarely                  | <input type="checkbox"/> needs much explanation          | <input type="checkbox"/> occasionally needs help                  | <input type="checkbox"/> quickly and effectively  |
| 11. Critical thinking                         | <input type="checkbox"/> limited                 | <input type="checkbox"/> fair                            | <input type="checkbox"/> frequently perceptive                    | <input type="checkbox"/> exceptionally perceptive |
| 12. Seeks help when needed                    | <input type="checkbox"/> rarely                  | <input type="checkbox"/> occasionally                    | <input type="checkbox"/> usually                                  | <input type="checkbox"/> always                   |
| 13. Effort/drive                              | <input type="checkbox"/> limited                 | <input type="checkbox"/> sporadic                        | <input type="checkbox"/> usually good                             | <input type="checkbox"/> maximum                  |
| 14. Attention span                            | <input type="checkbox"/> easily distracted       | <input type="checkbox"/> occasionally distracted         | <input type="checkbox"/> usually good                             | <input type="checkbox"/> exceptionally good       |
| 15. Leadership potential                      | <input type="checkbox"/> a follower              | <input type="checkbox"/> leads when given responsibility | <input type="checkbox"/> seeks opportunities (and uses them well) | <input type="checkbox"/> a natural leader         |
| 16. Initiative                                | <input type="checkbox"/> never initiates         | <input type="checkbox"/> rarely shows initiative         | <input type="checkbox"/> occasionally initiates                   | <input type="checkbox"/> often initiates          |
| 17. Stability                                 | <input type="checkbox"/> easily frustrated       | <input type="checkbox"/> seeks much attention            | <input type="checkbox"/> somewhat tense                           | <input type="checkbox"/> stable                   |
| 18. Curiosity                                 | <input type="checkbox"/> limited                 | <input type="checkbox"/> occasional                      | <input type="checkbox"/> frequent                                 | <input type="checkbox"/> consistent               |
| 19. Imagination                               | <input type="checkbox"/> little                  | <input type="checkbox"/> fair                            | <input type="checkbox"/> active                                   | <input type="checkbox"/> highly developed         |
| 20. Integrity                                 | <input type="checkbox"/> questionable            | <input type="checkbox"/> usually trustworthy             | <input type="checkbox"/> trustworthy                              | <input type="checkbox"/> highly developed         |
| 21. Consideration of others                   | <input type="checkbox"/> rarely considerate      | <input type="checkbox"/> usually considerate             | <input type="checkbox"/> considerate                              | <input type="checkbox"/> extremely thoughtful     |
| 22. Social adjustment with peers              | <input type="checkbox"/> relates poorly          | <input type="checkbox"/> has occasional problems         | <input type="checkbox"/> usually relates well                     | <input type="checkbox"/> healthy relationships    |
| 23. Sense of humor                            | <input type="checkbox"/> rarely laughs or smiles | <input type="checkbox"/> fair                            | <input type="checkbox"/> good                                     | <input type="checkbox"/> delightful               |
| 24. Self-confidence                           | <input type="checkbox"/> needs much reassurance  | <input type="checkbox"/> appears overly confident        | <input type="checkbox"/> needs some support                       | <input type="checkbox"/> positive self-image      |
| 25. Parent participation in child's education | <input type="checkbox"/> rarely involved         | <input type="checkbox"/> overly involved                 | <input type="checkbox"/> sometimes involved                       | <input type="checkbox"/> appropriately involved   |
| 26. Parent cooperation                        | <input type="checkbox"/> unknown                 | <input type="checkbox"/> uncooperative                   | <input type="checkbox"/> fair                                     | <input type="checkbox"/> good                     |
| 27. Parent expectations                       | <input type="checkbox"/> unknown                 | <input type="checkbox"/> unrealistic                     | <input type="checkbox"/> realistic                                | <input type="checkbox"/> other _____              |

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Teacher's Signature

Date

Please return this form to:

**The Adelson Educational Campus, 9700 W. Hillpointe Road, Las Vegas, Nevada 89134**

# ENGLISH TEACHER RECOMMENDATION FORM

Parents: Please complete the top portion of this form before giving it to your child's current English teacher.



Applicant's Name \_\_\_\_\_ Candidate for grade \_\_\_\_\_

Teacher's Name \_\_\_\_\_

School's Name \_\_\_\_\_ Telephone \_\_\_\_\_

In what grade(s) do you teach the applicant? \_\_\_\_\_

What is the title of your course? \_\_\_\_\_

In my \_\_\_\_\_ years of teaching experience, I would rate this student academically in the:

- Lower 50%  Top 50%  Top 25%  Top 10%  Top 5%  Top 1%

Attendance pattern \_\_\_\_\_

Has there been any disciplinary action for this student? If yes, please explain. \_\_\_\_\_

Is this child in good standing and eligible to re-enroll in your current school?  Yes  No

Is there any additional information concerning this child about which the school should be aware (physical or emotional development, family life, medications, custodial arrangements, etc.)?  Yes  No If yes, please explain.

### Recommendation for The Adelson Educational Campus

	<i>Not Recommended</i>	<i>Without Enthusiasm</i>	<i>Fairly Strongly</i>	<i>Strongly</i>	<i>Enthusiastically</i>
For Academic Potential:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Character and Personal Promise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion, do you believe this applicant can handle the rigors of a college preparatory program?  Yes  No

Your judgments are used solely for the admission process, are held in **strictest confidence**, and do not become a part of a student's permanent record. Although we are unable to acknowledge this recommendation individually, we are well aware of how much time and thought writing letters of this sort requires. We thank you for the help your comments will provide. Please feel free to call me at (702) 255-4500 if there is any information you wish to discuss.

Paul Mahoney  
Head of Upper School  
The Adelson Educational Campus

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Applicant's Name

- |   |  |  |   |   |
|---|--|--|---|---|
| 1. Academic achievement                       | <input type="checkbox"/> below expectations      | <input type="checkbox"/> fair                            | <input type="checkbox"/> good                                     | <input type="checkbox"/> outstanding              |
| 2. Ability to work in a group                 | <input type="checkbox"/> has great difficulty    | <input type="checkbox"/> sometimes has difficulty        | <input type="checkbox"/> usually effective                        | <input type="checkbox"/> always works well        |
| 3. Ability to work alone                      | <input type="checkbox"/> has great difficulty    | <input type="checkbox"/> needs help frequently           | <input type="checkbox"/> needs help occasionally                  | <input type="checkbox"/> always works well        |
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| 5. Classroom conduct                          | <input type="checkbox"/> frequent disruptions    | <input type="checkbox"/> occasional misconduct           | <input type="checkbox"/> usually good behavior                    | <input type="checkbox"/> good conduct             |
| 6. Written expression                         | <input type="checkbox"/> poor                    | <input type="checkbox"/> limited                         | <input type="checkbox"/> good                                     | <input type="checkbox"/> excellent                |
| 7. Ability to express ideas orally            | <input type="checkbox"/> limited                 | <input type="checkbox"/> has some difficulty             | <input type="checkbox"/> good                                     | <input type="checkbox"/> exceptional              |
| 8. Daily preparation                          | <input type="checkbox"/> poor                    | <input type="checkbox"/> fair                            | <input type="checkbox"/> good                                     | <input type="checkbox"/> excellent                |
| 9. Use of time                                | <input type="checkbox"/> uses poorly             | <input type="checkbox"/> occasionally wastes             | <input type="checkbox"/> usually uses well                        | <input type="checkbox"/> always uses effectively  |
| 10. Follows directions                        | <input type="checkbox"/> rarely                  | <input type="checkbox"/> needs much explanation          | <input type="checkbox"/> occasionally needs help                  | <input type="checkbox"/> quickly and effectively  |
| 11. Critical thinking                         | <input type="checkbox"/> limited                 | <input type="checkbox"/> fair                            | <input type="checkbox"/> frequently perceptive                    | <input type="checkbox"/> exceptionally perceptive |
| 12. Seeks help when needed                    | <input type="checkbox"/> rarely                  | <input type="checkbox"/> occasionally                    | <input type="checkbox"/> usually                                  | <input type="checkbox"/> always                   |
| 13. Effort/drive                              | <input type="checkbox"/> limited                 | <input type="checkbox"/> sporadic                        | <input type="checkbox"/> usually good                             | <input type="checkbox"/> maximum                  |
| 14. Attention span                            | <input type="checkbox"/> easily distracted       | <input type="checkbox"/> occasionally distracted         | <input type="checkbox"/> usually good                             | <input type="checkbox"/> exceptionally good       |
| 15. Leadership potential                      | <input type="checkbox"/> a follower              | <input type="checkbox"/> leads when given responsibility | <input type="checkbox"/> seeks opportunities (and uses them well) | <input type="checkbox"/> a natural leader         |
| 16. Initiative                                | <input type="checkbox"/> never initiates         | <input type="checkbox"/> rarely shows initiative         | <input type="checkbox"/> occasionally initiates                   | <input type="checkbox"/> often initiates          |
| 17. Stability                                 | <input type="checkbox"/> easily frustrated       | <input type="checkbox"/> seeks much attention            | <input type="checkbox"/> somewhat tense                           | <input type="checkbox"/> stable                   |
| 18. Curiosity                                 | <input type="checkbox"/> limited                 | <input type="checkbox"/> occasional                      | <input type="checkbox"/> frequent                                 | <input type="checkbox"/> consistent               |
| 19. Imagination                               | <input type="checkbox"/> little                  | <input type="checkbox"/> fair                            | <input type="checkbox"/> active                                   | <input type="checkbox"/> highly developed         |
| 20. Integrity                                 | <input type="checkbox"/> questionable            | <input type="checkbox"/> usually trustworthy             | <input type="checkbox"/> trustworthy                              | <input type="checkbox"/> highly developed         |
| 21. Consideration of others                   | <input type="checkbox"/> rarely considerate      | <input type="checkbox"/> usually considerate             | <input type="checkbox"/> considerate                              | <input type="checkbox"/> extremely thoughtful     |
| 22. Social adjustment with peers              | <input type="checkbox"/> relates poorly          | <input type="checkbox"/> has occasional problems         | <input type="checkbox"/> usually relates well                     | <input type="checkbox"/> healthy relationships    |
| 23. Sense of humor                            | <input type="checkbox"/> rarely laughs or smiles | <input type="checkbox"/> fair                            | <input type="checkbox"/> good                                     | <input type="checkbox"/> delightful               |
| 24. Self-confidence                           | <input type="checkbox"/> needs much reassurance  | <input type="checkbox"/> appears overly confident        | <input type="checkbox"/> needs some support                       | <input type="checkbox"/> positive self-image      |
| 25. Parent participation in child's education | <input type="checkbox"/> rarely involved         | <input type="checkbox"/> overly involved                 | <input type="checkbox"/> sometimes involved                       | <input type="checkbox"/> appropriately involved   |
| 26. Parent cooperation                        | <input type="checkbox"/> unknown                 | <input type="checkbox"/> uncooperative                   | <input type="checkbox"/> fair                                     | <input type="checkbox"/> good                     |
| 27. Parent expectations                       | <input type="checkbox"/> unknown                 | <input type="checkbox"/> unrealistic                     | <input type="checkbox"/> realistic                                | <input type="checkbox"/> other _____              |

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Teacher's Signature

Date

Please return this form to:

**The Adelson Educational Campus, 9700 W. Hillpointe Road, Las Vegas, Nevada 89134**

(For office use only)

Date \_\_\_\_\_

Classroom \_\_\_\_\_



**STUDENT VISITATION  
EMERGENCY DATA AND MEDICAL HISTORY  
Authorization for Pediatric Emergency Medical and/or Surgical Treatment**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of emergency, I hereby consent to any dental, medical or surgical diagnosis and treatment, including hospitalization, to be rendered to the minor at a recognized medical facility. This authorization applies to all school-sponsored programs.

Signed \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_

**CHILD'S MEDICAL HISTORY**

Existing medical/psychological information (if any) or special procedures required for care of your child.

\_\_\_\_\_

\_\_\_\_\_

Daily Medications  No  Yes List \_\_\_\_\_

Any Allergies  No  Yes PLEASE SPECIFY ALLERGIES AND REACTIONS BELOW.

Food \_\_\_\_\_ Medications \_\_\_\_\_

Insects \_\_\_\_\_ Other \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

*This authorization is effective from the date of signature until the end of the next school year.*

**EMERGENCY CONTACTS**

Emergency Contact Name	Relationship to Child	Phone Number and/or Alternative Number

Emergency Contact Name	Relationship to Child	Phone Number and/or Alternative Number

**Emergencies**

- The emergency contact name listed above is a person who has agreed to be designated by you to take full responsibility for your child in case of medical need when no parent can be reached by phone. It is most important to keep your emergency contacts current, available by phone and knowledgeable about the responsibility you have given them.
- Authorization Form: We require that this form be placed on file in case of a serious accident in which the school is totally unable to reach either parents/guardians or emergency contacts. Because of liability problems, hospitals and doctors will refuse medical care for your child unless presented with authorization from the parents/guardians. As time can be essential in a medical emergency, this form assures your child of prompt medical attention. You may wish to provide your physician, dentist and your emergency contact with the same authorization form. We will do everything possible to reach parents in any case of illness or accident.

## FINANCIAL AID INFORMATION

The Dr. Miriam and Sheldon G. Adelson Educational Campus is committed to providing a quality education to all of our students, including those who may require additional financial assistance toward that end. We know that many of our families make great sacrifices in order to provide their children with a great education in a Jewish school setting. Our Board of Trustees, through the Finance Committee, oversees this program.

We use the *School and Student Service for Financial Aid* (SSS) to help determine the contribution your family should make toward the yearly tuition expenses. SSS is a service of the National Association of Independent Schools (NAIS). It is used by more than 2,400 K-12 schools and organizations across the country to help assess a family's ability to pay for independent education and to help families feel confident that their request for financial aid is being treated objectively and professionally.

The Finance Committee reviews the report received from SSS as a guide in determining your family's financial aid allocation. It normally takes approximately three weeks for the Finance Committee to receive the SSS Financial Aid report. (Note: No financial assistance is available for children enrolled in our Preschool Program, specifically those students in our 18 month-K program.)

**The SSS application date for financial aid for the 2011-12 academic school year opens on November 15, 2010. Deadline for submissions is March 4, 2011.**

To apply for financial aid, please visit [www.nais.org](http://www.nais.org) and click on "Admission & Financial Aid." Then click through to "School and Student Services for Financial Aid (SSS)." You can apply online.

You will receive a written notification of the decision regarding your request for financial assistance. Financial aid awards are only granted once a student is accepted, and all the necessary paperwork has been filed and received by the school.

