



What is your reason for supporting your child's decision to apply to Jeshurun Christian School?

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What kind of academic goals or expectations do you have for your child?

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In what ways or which aspects of Jeshurun Christian School do you think will help your child achieve those goals?

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Has your child ever experienced psychological, academic or emotional difficulties? If so, please describe them in the space below.

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Has your child ever:

- |   |  |
|---|--|
| Experienced academic difficulties?                        | Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) |
| Been suspended, put on probation or expelled from school? | Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) |
| Withdrawn from school for non-medical reasons?            | Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) |
| Experienced severe relationship problems with peers?      | Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) |

If you have answered “yes” to any of the questions above, please elaborate in the space below:

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\* Feel free to attach an extra sheet of paper if more space is necessary.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_))\_\_\_\_\_ Date: \_\_\_\_\_

\* Please feel free to contact us at [info@jeshurunchristianschool.org](mailto:info@jeshurunchristianschool.org) or at 1-315-474-8346 for further questions and assistance.

\* Please note that upon submission, forms cannot be returned to the applicant or recommender.