



# THE HEBREW ACADEMY

*Learning and Success for Life*

*Educational Excellence · Nursery - Grade 8*

315 N. Main St. · New City, NY 10956

www.TheHebrewAcademy.org

845-634-0951

Application for Admission /03

2012-2013

**Applicant's Name:** First \_\_\_\_\_ Last \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age as of Sept. 1, 2012: \_\_\_ years \_\_\_ months  Male  Female

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Bus District \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Applying for: (*circle one*) Toddler Nursery Pre-K Kindergarten 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

*Preschool Applicants Only: (circle all that apply) 9:30-2:00 9:30-3:30 5 days 3 days: (select days) Mon. Tue. Wed. Thu. Fri.*

Present School \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of attendance \_\_\_\_\_ Grade(s) finished or in progress \_\_\_\_\_

Approximate recent academic grade average: Judaic studies \_\_\_\_\_ General Studies \_\_\_\_\_ Speaks Hebrew? \_\_\_\_\_

Has your child ever been evaluated for concerns regarding:  Speech/Language  Behavior  Sensory Integration  Learning  
*If yes, please provide a copy of the assessment with this application to The Hebrew Academy*

Has your child received or is he/she currently receiving any assistance or interventions?  No  Yes Please specify:

**Father's Name** (*Mr./Dr./Rabbi*) \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_ Self-employed?  Yes  No

Business Phone ( ) \_\_\_\_\_ Synagogue Affiliation \_\_\_\_\_

**Mother's Name** (*Mrs./Ms./Dr.*) \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_ Self-employed?  Yes  No

Business Phone ( ) \_\_\_\_\_ Synagogue Affiliation \_\_\_\_\_

Parents are:  Married  Separated  Divorced  Father deceased  Mother deceased  Father remarried  Mother remarried

Child lives with:  Both parents  Father  Mother  Other: \_\_\_\_\_ Who has legal custody? \_\_\_\_\_

Who has financial responsibility for this applicant?  Both parents  Father  Mother  Other: \_\_\_\_\_

Is non-custodial parent legally entitled to: Receive copies of school reports?  Yes  No Pick up child from school?  Yes  No

Have there been any conversions or adoptions in the family? (*Child, Parents or Grandparents*)  No  Yes: Who? \_\_\_\_\_

<b>Siblings:</b>	<b>Name</b>	<b>Date of Birth</b>	<b>Grade</b>	<b>Current School Attending</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**Grandparents:** Please provide info so we may invite them to Grandparent's Day and to send notes to from their grandchildren

Name	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Student Information**

How would you describe your child's personality and/or behavioral characteristics? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's greatest strengths and weaknesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's learning style (verbal, auditory, visual, kinesthetic) and way he/she learns best? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's academic performance/school experience to date? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us about any special interests/talent in music, art, religion, athletics, academics that your child has \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share with us some of the reasons you feel that The Hebrew Academy would be a desirable environment for your child and your family  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your educational expectations of The Hebrew Academy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any academic, physical, psychological or emotional issues that may require special accommodations by the school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about The Hebrew Academy? \_\_\_\_\_

We were referred to The Hebrew Academy by the \_\_\_\_\_ family. Their phone ( ) \_\_\_\_\_

***I/We hereby apply for admission for my/our child to The Hebrew Academy.***

Signature of Parent/ Guardian \_\_\_\_\_ Relation to child \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_ Relation to child \_\_\_\_\_ Date \_\_\_\_\_

*(Signature of both parents required except in case of divorce or guardianship)*

NOTE: This application can only be processed with all the accompanying required forms and a \$100 non-refundable fee for new applicants.

I/We are interested in applying for Traditional Financial Aid

I/We qualify for the Discover Hebrew Academy Grant

I/We are interested in applying for the Quick Track Tuition Credit

**(refer to page /09 for details about these 3 options)**