

New Student Admission Application

**Academic Year 2025-26**

# PERSONAL INFORMATION ENTERING GRADE

Applicant’s Legal Name:

FIRST MIDDLE LAST

Gender:

Preferred First Name: Hebrew Name: Birth date: / /

(IF KNOWN)

Age:

Birthplace:

CITY STATE COUNTRY

Address: Home Phone: ( )

STREET ADDRESS CITY STATE ZIP

Home School District: Current School: Current Grade: Previous School Attended: Dates: Previous School Attended: Dates:

Synagogue Affiliation, if any **(OPTIONAL):**

Has a sibling previously attended Hillel Community Day School?  Yes  No If yes, name/current grade:

# FOREIGN LANGUAGE FLUENCY

Language(s) spoken at home:

Name of Language Speaking Level Reading Level Writing Level

|  |  |  |  |
| --- | --- | --- | --- |
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|  |  |  |  |

# PARENT/GUARDIAN INFORMATION

**(PLEASE MARK ALL THAT APPLY):**

 Married  \*Divorced  \*Separated  Single Parent Household  Father Deceased  Mother Deceased

 \*Father Has Custody  \*Mother Has Custody  \*Joint Custody  Student Lives with Step-Parent

 Other

\****If parents are separated / divorced, you must attach a current copy of the custody agreement*.**

**PARENT/GUARDIAN #1 Best way to contact:**  Home  Cell  Work  E-mail

Title: Name:

(Dr. /Mr. /Ms./ Mrs.) FIRST LAST

Address:

STREET ADDRESS CITY STATE ZIP

HOME PHONE CELL PHONE WORK PHONE PREFERRED E-MAIL ADDRESS

Schools/Colleges attended: Occupation & Company:

(IF STUDENT, PLEASE LIST SCHOOL NAME)

**PARENT/GUARDIAN #2 Best way to contact:**  Home  Cell  Work  E-mail

Title: Name:

(Dr. /Mr. /Ms./ Mrs.) FIRST LAST

Address:

STREET ADDRESS CITY STATE ZIP

home phone Cell phone Work Phone Preferred E-mail address

Schools/Colleges attended:

Occupation & Company:

(IF STUDENT, PLEASE LIST SCHOOL NAME)

**EMERGENCY CONTACT Best way to contact:**  Home  Cell  Work  E-mail

Title: Name:

(Dr. /Mr. /Ms./ Mrs.) FIRST LAST

Address:

STREET ADDRESS CITY STATE ZIP

home phone Cell phone Work Phone Preferred E-mail address

# ADDITIONAL FAMILY INFORMATION

**OTHER CHILDREN IN THE FAMILY:**

|  |  |  |
| --- | --- | --- |
| Sibling Name | Birth Date & Year | Current School/Daycare |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| Other family members who attended Hillel | Community Day School: | (Please list name, relationship to student and years attended) |

**Grandparent information:**

Paternal Grandparents: Maternal Grandparents:

Name: Name:

Address: Address:

E-Mail: E-Mail:

# STUDENTS EDUCATIONAL NEEDS:

Does your child have an Individualized Educational Plan (“IEP”)?  No  Yes--***If yes, please attach full documentation***

Does your child have a 504 Plan?  No  Yes

Has your child received any type of assistance or counseling outside of the classroom?  No  Yes

If yes, please indicate the nature of any special needs or learning challenges:

Are there any medical facts that we should know about that will help us meet your child’s needs (such as chronic health issues, physical accommodations, treatment for emotional concerns)? If yes, please indicate how you and the student’s current school have provided support:

# TUITION PLAN:

**Please select your Tuition preference below and once your application is approved, we can create your tuition agreement (See Tuition Schedule Document Enclosed).**

Icon  Description automatically generated  **Standard Tuition**  Icon  Description automatically generated **Tiered Tuition**  Icon  Description automatically generated **Financial aid through FACTS** 

**I/We understand that the withholding of information or incorrect information may disqualify the applicant for admission or may be used later for the applicant’s withdrawal and forfeiting of fees.**

Parent/Guardian: Date:

Print signature

Parent/Guardian: Date:

Print signature

***Please include a $300.00 deposit and indicate method of payment below. Checks should be made payable to “Hillel Community Day School”. This deposit is applicable to tuition.***

**Method of Payment:**  Check  CC Type & #: Exp: CCV:

**PLEASE SHARE WITH US**

How did you learn about Hillel Community Day School? (Please mark all that apply and specify publication, media channel or event)

 Current Parents  Past Parents  Current Student(s)  Past Student(s)  Friends/Relatives  Website

 Yellow Pages  Television/News: Ad:  Attended Event:

 Newspaper Article:

 Magazine

**Key factors influencing your application to Hillel Community Day School:** (Please mark all that apply)

 Dedication to Judaism.  Hebrew Language  Differentiated Learning  Faculty

 Uniquely Integrated Curriculum  Close-Knit Community.  Music & Arts Program  Math & Science Program

 Reputation  Class Size & Individual Attention  Facilities  Safety