



A bright new day for Jewish education

Hillel Community Day School
191 Fairfield Drive
Rochester • New York • 14620
Tel: 585-271-6877 Fax: 585.473.8039
www.hillelschool.org

Full day Kindergarten through Eighth Grade

For Office Use Only:

DATE RECEIVED: _____ REGISTRATION FEE: _____
STUDENT I.D. _____
REFERRED BY: _____

NEW STUDENT ADMISSION APPLICATION FOR GRADE: ____ IN ACADEMIC YEAR 20 ____

PERSONAL INFORMATION

Applicant's Legal Name: _____ Male Female
FIRST MIDDLE LAST

Preferred First Name: _____ Hebrew Name: _____ Birth date: ____/____/____ Age: ____
(IF KNOWN)

Birthplace: _____
CITY STATE COUNTRY

Language(s) spoken at home: _____

Spoken Hebrew: None Some Fluent Written Hebrew: None Some Fluent

Other Languages Studied / How Many Years? _____

Address: _____ Home Phone: () _____
STREET ADDRESS CITY STATE ZIP

Home School District: _____

Current School: _____ Current Grade: _____

Previous School Attended: _____ Dates: _____

Previous School Attended: _____ Dates: _____

Previous School Attended: _____ Dates: _____

Has applicant ever applied to Hillel? Yes No If yes, when? _____

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

OTHER PARENT/GUARDIAN

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)

ADDITIONAL FAMILY INFORMATION

Student lives with: Both parents Parent/Guardian 1 Parent/Guardian 2 Other _____

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)

STUDENT'S EDUCATIONAL NEEDS

Does your child have an Individualized Educational Plan ("IEP")? No Yes--*If yes, please attach full documentation*
Some schools write a 504 plan. 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: _____

Are you interested in applying for financial aid? Yes No

Hillel uses "Private School Aid Service" (PSAS) to process financial information for families. Please see the enclosed PSAS form for details on the program and to apply for financial aid.

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 enclose payment for the application fee in the amount of \$300.00, and indicate method of payment below. Check should be made payable to "Hillel Community Day School". This fee is applicable to tuition.

Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> 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 Internet Search
- YellowPages Radio: _____ Television: _____ Newspaper Article: _____
- Magazine Ad: _____ Attended Event: _____ Hochstein at Hillel Preschool Program

PLEASE TAKE A MOMENT TO SHARE SOME INFORMATION THAT WILL HELP US TO GROW OUR HILLEL FAMILY

Radio: Please list 3 stations you enjoy listening to most, in order of preference: (For times, please indicate approximate time or time of day)
1) _____ Time(s): _____ 2) _____ Time(s): _____ 3) _____ Time(s): _____

Television: Please list the news station(s) you prefer and the time(s) you watch:
_____ Time(s): Early Morning (5am) Morning Afternoon Early Evening (5pm) Evening (10pm)

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

- Dedication to Judaism Hebrew Language Reputation Uniquely Integrated Curriculum
- Close-Knit Community Safety Class Size & Individual Attention Differentiated Learning
- Music & Arts Program Math & Science program Faculty Facilities

Do you or the applicant know anyone (parents, students or faculty members) who is part of our Hillel Community Day School family?

_____ , _____ , _____