



**HILLEL COMMUNITY DAY SCHOOL**  
 191 FAIRFIELD DRIVE ♦ ROCHESTER, NEW YORK 14620  
 PHONE: (585) 271- 6877 ♦ FAX: (585) 473-8039

**2009-2010 Application for Admissions**

Child's Full Legal Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last (if known) Ivrit English Transliteration

Nickname: \_\_\_\_\_ Birthday: \_\_/\_\_/\_\_ Grade Entering: \_\_\_\_\_ Start Date: \_\_\_\_\_  
If applicable

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ ~ \_\_\_\_\_  
Street City State

Student I.D. #: \_\_\_\_\_ Home School District: \_\_\_\_\_  
(For office use only)

**Would you like to be considered for Financial Aid? (Please ask for an Application)**  Yes  No

**Previous School Information: (Please include Pre-school or Daycare, if Applicable)**

Name of School: \_\_\_\_\_ Date of Attendance: \_\_\_\_\_

Address: \_\_\_\_\_

**Family Information:**

Father's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_  
(Dr. /Mr.)

Mother's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_  
(Dr./Ms./Mrs.)

Address, if different: \_\_\_\_\_

**Other Children in Family:**

Name	Birth date	School/Daycare Currently Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Paternal Grandparents:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Maternal Grandparents:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Business Information:**

Father: \_\_\_\_\_  
Occupation and Company (If student, please list school name) Address Telephone #

Mother: \_\_\_\_\_  
Occupation and Company (If student, please list school name) Address Telephone #

I hereby make application for admission of my child to enter Hillel Community Day School. A registration fee of **\$300.00** must accompany this enrollment form. **Please return to: Admissions, Hillel Community Day School, 191 Fairfield Drive, Rochester, NY 14620.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_