



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

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: _____

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: _____

SYNAGOGUE AFFILIATION, IF ANY (OPTIONAL): _____

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)

GRANDPARENT INFORMATION:

Paternal Grandparents:

Maternal Grandparents:

Name: _____

Name: _____

Address: _____

Address: _____

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: _____

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

- 1** Standard Tuition **2** Tiered Tuition **3** Financial aid through PSAS

Please select your Bingo preference (See Tuition Schedule for Bingo details).

- No Bingo "Opt-in" One monthly shift "Opt-in" Two monthly shifts

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: <input type="checkbox"/> Check <input type="checkbox"/> CC Type & #: _____ Exp: _____ CCV: _____
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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: _____ Newspaper Article: _____ Magazine Ad: _____
 Attended Event: _____

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

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

_____, _____, _____