



# Hillel Day School of Boca Raton

## Application for Admission

### Early Childhood Education

Applying for School Year: \_\_\_\_\_

PLEASE AFFIX  
STUDENT'S  
MOST RECENT  
PHOTO HERE

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_  
 Applying for Grade (Circle One):    EC2            EC3            EC4            K  
 For EC2, choose days: \_\_\_M/W/F    \_\_\_M-F            For EC2 or EC3, choose: \_\_\_Full Days    \_\_\_Half Days  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Child's Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_            Male \_\_\_ Female \_\_\_  
 Place of Birth (City): \_\_\_\_\_ (State): \_\_\_\_\_ (Country): \_\_\_\_\_

### FAMILY INFORMATION

Parents' Marital Status: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_  
 Legal Custody: Mother \_\_\_ Father \_\_\_ Other (Specify): \_\_\_\_\_  
 Synagogue Affiliation: \_\_\_\_\_

#### FATHER'S INFORMATION

Father's Name: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_  
 Father's Father: \_\_\_\_\_ Jewish: Yes/No  
 Father's Mother: \_\_\_\_\_ Jewish: Yes/No  
 Occupation: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
 Preferred E-mail: \_\_\_\_\_

#### MOTHER'S INFORMATION

Mother's Name: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_  
 Mother's Father: \_\_\_\_\_ Jewish: Yes/No  
 Mother's Mother: \_\_\_\_\_ Jewish: Yes/No  
 Occupation: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
 Preferred E-mail: \_\_\_\_\_

*(Please note that Hillel uses e-mail communications to alert parents of important information.)*

#### Paternal Grandparents:

Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

#### Maternal Grandparents:

Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

#### Siblings:

Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____

*(continued on opposite side)*

**SCHOOL INFORMATION**

School presently attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

List previous education:

School Name	Address	Grade Level	Dates of Attendance
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Reason for change of school(s):  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

- Are there any extenuating circumstances that will help us understand your child’s special needs (i.e. deceased parent, divorce, adoption, conversion, etc.)? \_\_\_\_\_
- Does your child have any particular disabilities (physical or emotional)? Has your child experienced any serious illness or accident? \_\_\_\_\_
- Is your child currently taking any medication? \_\_\_\_\_
- Has your child been formally evaluated by a psychologist or educational professional? \_\_\_\_\_
- What languages are spoken at home? \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please furnish the following items along with this completed application:

- Teacher Recommendation: Complete only the box at the top of the page and return form with application.
- Release of Records: Complete only the box at the top of the page and return form with application.
- Birth Certificate: Bring original and we will photocopy it and return it immediately.
- Application Fee: Please see Tuition Schedule for Fee Schedule.
- I plan to apply for Tuition Assistance.  I do not plan to apply for Tuition Assistance.

**NOTE: This application WILL NOT be processed without all of the above documents, including scholarship information.**

The information I have supplied is true and correct to the best of my knowledge.

\_\_\_\_\_  
Mother’s Signature

\_\_\_\_\_  
Father’s Signature

**PLEASE DO NOT WRITE IN THIS SECTION – FOR SCHOOL OFFICE USE ONLY**

<input type="checkbox"/> Application & Testing Fee	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied
<input type="checkbox"/> Permission for Release of Records	Reviewed by: _____
<input type="checkbox"/> Original Birth Certificate	Date of Acceptance: _____
<input type="checkbox"/> Teacher Recommendation	Notes: _____