



Hillel Day School of Boca Raton

Application for Admission

Lower & Upper School

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): 1 2 3 4 5 6 7 8
 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: _____ |