

Date _____

Account # _____

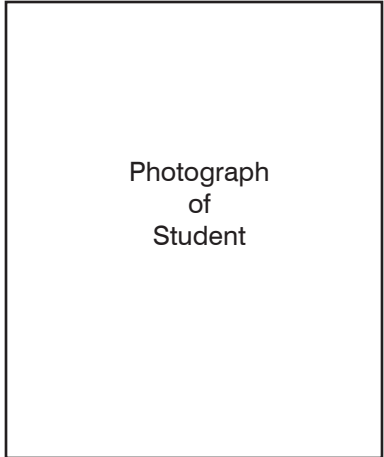
HILLEL YESHIVA

BENJAMIN & REBECA ASSA
Early Learning Center

GERI & ABE M. COHEN
Elementary School

CHARLES MAMIYE
Junior High School

1025 Deal Road, Ocean, New Jersey 07712
Phone: (732) 493-9300 • Fax (732) 493-8930
Early Learning Center Fax (732) 493-2119
www.hillelyeshiva.org



APPLICATION FOR ADMISSION

I hereby make application for my child to the Hillel Yeshiva for the school year beginning _____ 20 ____ .

Student's Name _____

Name (PRINTED) of Parent _____

Signature of Parent _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____

Entering Grade _____



For Office Use Only

Acceptance Requirements/Initialed by:

Birth Certificate

Grade Hebrew _____

Academic Acceptance _____

Immunization

Grade General _____

Financial Acceptance _____

Input

Parental Commitment _____

Starting Date _____

14. Congregation and name of Rabbi with which family is affiliated _____

15. Religious background of the home. (Kindly state here the attitude of the family with respect to religious observances such as Sabbath, Holidays, Dietary Laws, etc.)

16. Mother's English Name _____ Hebrew Name _____

17. Mother's Maiden Name _____

18. Mother's Profession or Business _____

19. Business Name & Address _____

20. Business Telephone _____

21. Mother's General Education _____ Jewish Education _____

a. Elementary _____ b. Elementary _____

b. Secondary _____ b. Secondary _____

c. College _____ c. Other _____

d. Graduate _____

22. Jewish and general communal affiliations of father and mother (religious, educational)

23 . Other Children in Family (Please List):

| Name | Age | M/F | School Presently Attending | Grade |
|-------|-------|-------|----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

PLEASE DO NOT WRITE BELOW THIS LINE

Record and Psychological Evaluation _____

Interview with Parent and Applicant _____

Action on Application _____

