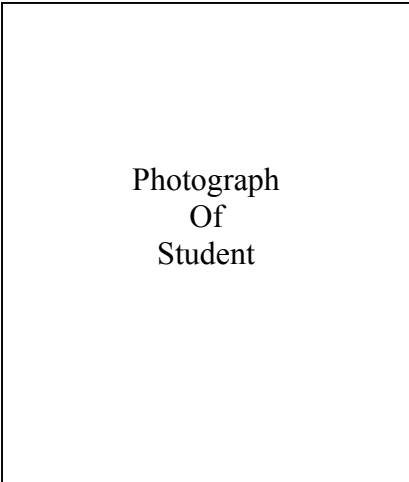




Shaul and Miriam Tawil High School

1025 Deal Road, Ocean, NJ 07712
(732) 493-0420 • Fax (732) 493-2718
www.hillelyeshiva.org

I hereby make application for my child to the Hillel Yeshiva High School entering grade ____ for the school year beginning September 20__.



Student's Name _____

Name (printed) of Parent _____

Signature of Parent _____

Home Address _____

City _____ State ____ Zip _____

Home Phone _____

- ***An application fee of \$400 per child is required. This fee is NOT returnable.***
- ***Birth certificate and immunization records must be submitted with application.***
- ***As part of the admissions process, applicants may be required to take the BJE exam, administered by the Board of Jewish Education***
- ***Elementary School Transcripts will be required as part of the application process.***
- ***All applicants are required to be interviewed before acceptance.***

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For Office Use Only

Submission Date _____

Account # _____

Placement:

Acceptance Requirements/Initialed by:

Birth Certificate

Grade Hebrew _____

Academic Acceptance _____

Rejection _____

Immunization

Grade General _____

Pending _____

Accepted _____ Probation _____

Transcript

Financial Acceptance _____

BJE Exam

Parental Commitment _____

Student's Name _____ Gender: M ___ F ___
(Last) (First) (M.I.)

Student's Hebrew Name _____ Date of Birth _____ Place of Birth _____

Student Cell Phone _____ Student E-Mail Address _____

Previous Education

Name of School	Date(s) of Attendance	Grade(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Parents are now ___ Married ___ Divorced ___ Separated ___ Mother Deceased ___ Father Deceased

Father's English Name _____ **Hebrew Name** _____

Father's Profession or Business _____

Business Name and Address _____

Business Telephone _____ Cell Phone _____ E-Mail _____

Father's General Education _____ Father's Jewish Education _____

Elementary _____ Elementary _____

Secondary _____ Secondary _____

College _____ Other _____

Graduate _____ _____

Mother's English Name _____ **Hebrew Name** _____

Mother's Maiden Name _____

Mother's Profession or Business _____

Business Name and Address _____

Business Telephone _____ Cell Phone _____ E-Mail _____

Mother's General Education _____ Mother's Jewish Education _____

Elementary _____ Elementary _____

Secondary _____ Secondary _____

College _____ Other _____

Graduate _____ _____

Congregation: _____

Rabbi: _____

Jewish and Communal Affiliations of Mother and Father (religious, educational) _____

Jewish and Communal Affiliations of Student: _____

Are both parents Jewish? ____ Yes ____ No ____ Father Only ____ Mother Only

Are Paternal and Maternal Grandparents Jewish? ____ Yes ____ No

Are both parents the natural father and mother of the child? ____ Yes ____ No ____ Father Only ____ Mother Only

Is child adopted? ____ Yes ____ No

Is either parent or grandparent a convert to Judaism? ____ Yes ____ No

If yes ____ Father ____ Mother

____ Maternal Grandfather ____ Maternal Grandmother

____ Paternal Grandfather ____ Paternal Grandmother

Other Children in Family

Name	Age	M/F	School Presently Attending	Grade
_____	____	____	_____	____
_____	____	____	_____	____
_____	____	____	_____	____
_____	____	____	_____	____
_____	____	____	_____	____

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