

STUDENT APPLICATION • 2019/2020

Please print clearly, fill out ALL the in attach a current photo. A non-refund must be submitted with this form. PLE INFORMATION ON THIS FORM WILL HOST SCHOOL, SCHECK HILLEL COMP	ASE BE AWARE THAT THE BE SHARED WITH OUR
Date of Application:	Grade entering:
Student's Legal Name:(Last)	(First) (Middle)
Student's Preferred Name:	Hebrew Name:
Date of Birth: Sex:] Male □ Female
_	☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White o Is your child immunized? Yes No
PARENT/GUARDIAN INFORMATION ☐ Married ☐ Divorced ☐ Widowed ☐	Single
Name(s) of the one(s) financially responsible	::
	ed) 🗌 Both Parents (shared custody) 🔲 Father 🗎 Mother
Parent I: Father Mother—	
Legal Name:	Hebrew Name:
Address:	
Home Phone:	Cell Phone:
E-mail:	Occupation:
Employer:	Work Phone:
Employer Address:	
Parent 2: Father Mother—	
Legal Name:	Hebrew Name:
Address:	
Home Phone:	Cell Phone:
E-mail:	Occupation:
Employer:	Work Phone:
Employer Address:	

CURRENT SCHOOL —			
Current School:	Current Grade: Years At	tended:	
Address:	Telephone: ()		
Synagogue:Rabbi:			
FINANCIAL ————————————————————————————————————			
Does your child qualify for McKay Scholarship?	YesNoDon'	t Know	
Does your child receive either of the Step Up For Students Scholarships?:			
1) FINANCIAL NEEDS BASEDYes	NoNeed more informat	ion	
2) GARDINER (PLSA)Yes	NoNeed more informat	ion	
I WOULD LIKE A TUITION ASSISTANCE FORM SENT TO MEYESNO TUITION ASSISTANCE FORMS SHOULD BE SUBMITTED AS EARLY AS POSSIBLE. Scholarship are awarded on a first come, first served basis.			
FOR OFFICE USE ONLY			
Date received:Regis	stration fee paid:		