



BENJAMIN & REBECA ASSA  
Early Learning Center

GERI & ABE M. COHEN  
Elementary School

CHARLES MAMIYE  
Junior High School

SAUL & MIRIAM TAWIL  
High School

1025 Deal Road  
Ocean, New Jersey 07712  
Phone: 732.493.9300  
[www.hillelyeshiva.org](http://www.hillelyeshiva.org)



DATE \_\_\_/\_\_\_/\_\_\_\_\_

ACCOUNT # (office use only) \_\_\_\_\_

## APPLICATION FOR ADMISSION

1. Student's Name:

LAST

FIRST

MIDDLE

2. Full Hebrew Name:

3. Gender: M

F

4. Birthday:

5. Entering Grade:

6. Home Address:

7. City, State, Zip:

8. Cell #:

Email:

## PREVIOUS EDUCATION

9. Name of School: \_\_\_\_\_

10. Dates of Attendance: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

11. Grade(s): \_\_\_\_\_

## PARENT INFORMATION

12. Father's English Name: \_\_\_\_\_

13. Father's Hebrew Name: \_\_\_\_\_

14. Profession and Business Address  
\_\_\_\_\_

15. Business Telephone #: \_\_\_\_\_

16. Father's Cell #: \_\_\_\_\_

17. Father's Email: \_\_\_\_\_

18. Father's Education:  **ELEMENTARY**     **GRADUATE**  
 **SECONDARY**     **OTHER**  
 **COLLEGE**

19. Hillel Alumnus:  **YES**     **NO**

20. Year Graduated: \_\_\_\_\_

21. Mother's English Name: \_\_\_\_\_

22. Mother's Hebrew Name: \_\_\_\_\_

23. Mother's Maiden Name: \_\_\_\_\_

24. Profession and Business Address  
\_\_\_\_\_

25. Business Telephone #: \_\_\_\_\_

26. Mother's Cell #: \_\_\_\_\_

27. Mother's Email: \_\_\_\_\_

28. Mother's Education:  **ELEMENTARY**     **GRADUATE**  
 **SECONDARY**     **OTHER**  
 **COLLEGE**

29. Hillel Alumna:  **YES**     **NO**

30. Year Graduated: \_\_\_\_\_

31. Marital status of parents:  **MARRIED**     **DIVORCED**     **OTHER**

32. Are both parents Jewish by birth?  **YES**     **NO**     **FATHER ONLY**     **MOTHER ONLY**

33. Are both parents the natural father and mother of the child?  **YES**     **NO**     **FATHER ONLY**     **MOTHER ONLY**

34. Is the child adopted?  **YES**     **NO**

35. Paternal grandparents names and maiden names: \_\_\_\_\_

36. Maternal grandparents names and maiden names: \_\_\_\_\_

37. Are paternal and maternal grandparents Jewish by birth?  **YES**     **NO**

38. Is either parent or any grandparent a convert to Judaism?  **YES**     **NO**     **FATHER ONLY**     **MOTHER ONLY**

39. Congregation and name of Rabbi with which the family is affiliated:  
\_\_\_\_\_

40. Rabbi's contact number: \_\_\_\_\_

41. 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.):  
\_\_\_\_\_

42. Are your child's immunizations up to date?  **YES**     **NO**

Other Children (must complete new form for each child):

NAME	BIRTHDAY	M/F	SCHOOL PRESENTLY ATTENDING

**NAME OF PARENT**

**PARENT SIGNATURE**

**DATE**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_