

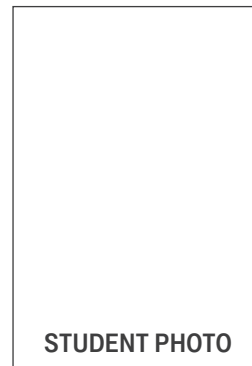


BENJAMIN & REBECA ASSA
Early Learning Center

GERI & ABE M. COHEN
Elementary School

CHARLES MAMIYE
Junior High School

1025 Deal Road
Ocean, New Jersey 07712
Phone: 732.493.9300
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

_____ / _____ / _____