



SHAUL & MIRIAM TAWIL
High School

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HIGH SCHOOL STUDENT APPLICATION FOR PRESENT HILLEL GRADE 8 STUDENTS

1. Student's Name: _____ 2. Student's Hebrew Name: _____
 3. Birthdate: _____
 4. Mother's Name: _____ 5. Father's Name: _____
 6. Home Address: _____ 7. City: _____
 8. State: _____ 9. Zip: _____ 10. Student cell phone: _____
 11. Mother's cell phone: _____ 12. Father's cell phone: _____
 13. Mother's email: _____ 14. Father's email: _____
 15. Mother's occupation: _____ 16. Father's occupation: _____
 17. Mother's business phone: _____ 18. Father's business phone: _____
 19. Emergency contact: _____ 20. Phone: _____
 21. Emergency contact: _____ 22. Phone: _____
23. Are the parents of the child(ren) separated or divorced? YES NO
 24. If yes, who has legal custody? _____
 25. Synagogue affiliation: _____ 26. Name of Rabbi: _____

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

NAME	AGE	SCHOOL ATTENDING

AUTHORIZATION

I understand that this form initiates the process of enrollment. No child will be accepted until all payment arrangements have been completed.

PARENT SIGNATURE

DATE

____/____/____

QUESTIONS? Please call 732-493-0420 ext. 301