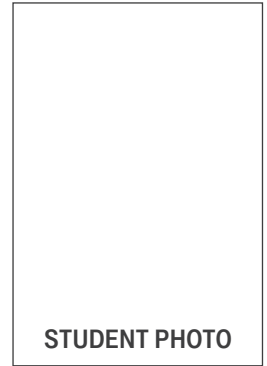




SHAUL & MIRIAM TAWIL High School

1027 Deal Road, Ocean, New Jersey 07712
Phone: 732.493.0420
Fax: 732.493.2718
www.hillelyeshiva.org



DATE ___/___/_____

ACCOUNT # (office use only) _____

HIGH SCHOOL APPLICATION FOR ADMISSION

1. Student's Name:	LAST	FIRST	MIDDLE
2. Full Hebrew Name:			
3. Gender: M	<input type="checkbox"/>	F	<input type="checkbox"/>
4. Birthday:			
5. Entering Grade:			
6. Home Address:			
7. City:	8. State:	9. Zip:	
10. Student's Cell #:			

PREVIOUS EDUCATION

11. Name of School: _____

12. Dates of Attendance: _____ FROM _____ TO _____

13. Grade(s): _____

STUDENT ESSAY

The student is asked to write an essay of at least 100 words describing his/her academic and religious expectations at Hillel Yeshiva High School and why receiving a Judaic and General Studies education is important (attach additional sheet).

PARENT INFORMATION

14. Father's English Name: _____

15. Father's Hebrew Name: _____

16. Profession and Business Address:

17. Business Telephone #: _____

18. Father's Cell #: _____

19. Father's Email: _____

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

21. Hillel Alumnus: **YES** **NO**

22. Year Graduated: _____

23. Mother's English Name: _____

24. Mother's Hebrew Name: _____

25. Mother's Maiden Name: _____

26. Profession and Business Address:

27. Business Telephone #: _____

28. Mother's Cell #: _____

29. Mother's Email: _____

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

31. Hillel Alumna: **YES** **NO**

32. Year Graduated: _____

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

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

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

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

37. Paternal grandparents names and maiden names: _____

38. Maternal grandparents names and maiden names: _____

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

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

41. Congregation and name of Rabbi with which the family is affiliated:

42. Rabbi's contact number: _____

43. 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.):

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

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

NAME	BIRTHDAY	M/F	SCHOOL PRESENTLY ATTENDING

NAME OF PARENT

PARENT SIGNATURE

DATE

_____ / _____ / _____