

Application for Admission

Application Procedure

Thank you for your interest in The Hebrew Academy. We are proud of our long standing track record of academic achievement and values based education taught by our excellent and caring faculty.

Any questions related to the application process may be directed to the Admissions Director at admissions@hacds.org.

Application Checklist

Please use this checklist to ensure that your complete application is submitted to the Admission Office. Upon receipt of the required documents, you will be contacted to schedule an assessment and/or interview.

Part I (all applicants)

- Application for Admission, completed in its entirety
- Copy of Birth Certificate
- Copy of Immunization Record with required immunizations as per California Health Code
- Application fee \$100.00 (non-refundable)
- Two Letters of Recommendation, from current school, by teacher or administrator
- Proof of residence

Part II

- Previous grade reports and transcripts (minimum of 2 years including teacher comments)
- Standardized test scores (2nd-12th only)
- "Report of Health Examination for School Entry" form or equivalent

Part III

- Assessment and/or interview

Last Name _____

First Name _____

Grade for _____

Application Year _____

Application for Admission

STUDENT INFORMATION

To be completed by the applicant's parent or guardian

Please affix a recent photograph of the applicant.

Applying to enter grade _____ in Fall _____

Applicant's Name _____
First Middle Last

Preferred Name/Nickname _____ Male Female

Hebrew Name _____

Date of Birth _____ Place of Birth _____
Month Day Year City State Zip

Applicant's Home Address _____
Street/Post Office Box

Applicant's Home Phone (_____) _____
City State Zip Area Code

Applicant lives with: Parents Mother Father Other (please specify) _____

Is the applicant adopted? (optional) Yes No

Did the applicant go through a conversion? Yes No

CURRENT/PREVIOUS SCHOOL INFORMATION

Applicant's Current School _____ Current Grade _____

School Head or Principal _____

School Address _____
Street City State Zip

School Phone (_____) _____ Check if: Public Private
Area Code

Please list all schools attended, and provide dates of attendance.

School Name	City and State	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY INFORMATION

PARENT 1

Please circle:

Mr./Mrs./Ms./Dr./Rabbi

First _____ Middle _____ Last _____

Home

Address _____
Street/Post Office Box

City _____ State _____ Zip _____

Home Phone (_____) _____
Area Code

Cell Phone (_____) _____
Area Code

E-mail Address _____

Occupation _____

Job Title _____

Business Address _____

Business Phone (_____) _____
Area Code

Relationship: Father Stepfather
 Mother Stepmother Other (please specify)

Marital Status: Married Single Divorced
 Separated Widowed

PARENT 2

Please circle:

Mr./Mrs./Ms./Dr./Rabbi

First _____ Middle _____ Last _____

Home

Address _____
Street/Post Office Box

City _____ State _____ Zip _____

Home Phone (_____) _____
Area Code

Cell Phone (_____) _____
Area Code

E-mail Address _____

Occupation _____

Job Title _____

Business Address _____

Business Phone (_____) _____
Area Code

Relationship: Father Stepfather
 Mother Stepmother Other (please specify)

Marital Status: Married Single Divorced
 Separated Widowed

Please list siblings of the applicant:

Name _____ DOB _____ Gender _____ Grade _____ School Attending _____

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Name _____ DOB _____ Gender _____ Grade _____ School Attending _____

Name _____ DOB _____ Gender _____ Grade _____ School Attending _____

FAMILY INFORMATION (continued)

How did you hear about Hebrew Academy? _____

Name and relationship of any friends/relatives who have attended Hebrew Academy _____

Are you involved in any other Jewish organization and/or synagogue? Yes No

Name (if Yes): _____

EDUCATIONAL ASSESSMENT

How would you describe your child's personality?

My child excels at:

Please describe the educational environment that you are seeking for your child.

What would you like us to know about your child?

What are your expectations of your child's Hebrew Academy educational experience?

EDUCATIONAL ASSESSMENT(continued)

How would you describe your child's academic performance to date?

Tell us about any special interests/talents in music, art, religion, athletics, academics or other area that your child has.

Has your child ever received academic support or tutoring outside the school setting? Yes No

What was the reason?

Please describe any special requirements that your child may have (e.g. medications, attention to allergies, dietary restrictions, etc.).

Has a previous school recommended that your child receive: (circle all that apply)

Occupational therapy Speech therapy Educational therapy Educational evaluation (ie. IEP assessment)

Other _____

SIGNATURE

Parents of applicants are advised to submit this application as soon as possible.

Do you wish to apply for financial aid? Yes No

A non-refundable application fee of \$100 must accompany this application.

Please visit www.hacds.org/payment or make checks payable to The Hebrew Academy.

Please sign here to indicate that all of the above information is complete and accurate.

Date _____ Signed _____
Parent or Legal Guardian of Applicant

The school requires the signatures of both natural parents

Signature _____ Date _____ Signature _____ Date _____

No application will be processed until it is fully complete, with signature of parents or guardian, and a non-refundable application fee of \$100.