



Tradition • Leadership • Excellence

Application for Enrollment

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

To be completed by parent or legal guardian:

Applicant's Full Name \_\_\_\_\_
Last First Middle Preferred

Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Birthplace \_\_\_\_\_

Applying for Age Group/Grade \_\_\_\_\_ For Which School Year \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian #1

(Rabbi/Dr./Mr./Ms./Mrs.) \_\_\_\_\_

First Maiden Name (if applicable) Last

Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_
(if different from student's)

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Name \_\_\_\_\_

Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Parent/Legal Guardian #2

(Rabbi/Dr./Mr./Ms./Mrs.) \_\_\_\_\_

First Maiden Name (if applicable) Last

Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_
(if different from student's)

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Name \_\_\_\_\_

Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Are applicant's parents separated or divorced? \_\_\_\_ If yes, who has legal custody? \_\_\_\_\_

With whom does applicant live? \_\_\_\_\_

To whom should school documents be sent? \_\_\_\_\_

*In case of divorce or guardianship, please provide a copy of the final custody order.*

How did you hear about Addlestone Hebrew Academy? \_\_\_\_\_

Has applicant previously applied for admission to AHA? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Has applicant ever been suspended, expelled or withdrawn from school for any reason? If yes, please attach full details, including name of school, year and contact person for further detail: \_\_\_\_\_

If applicant has special needs, please explain what accommodations would be needed to allow a fair evaluation for admission: \_\_\_\_\_

Has applicant ever undergone an educational evaluation administered by a psychologist, psychiatrist, or counselor? If yes, please give date of consultation and submit copies of test results or consultation reports. \_\_\_\_\_

Have any educational/learning difficulties been identified? Has applicant been in a resource or tutoring program? \_\_\_\_\_

Please provide any additional information concerning the applicant about which the school should be aware (developmental, family life, medical concerns, etc.): \_\_\_\_\_

What three adjectives best describe your child? \_\_\_\_\_

Please share with us some of the reasons why you feel AHA would be a desirable environment for your child and for your family: \_\_\_\_\_

Are any of the applicant's relatives alumni of AHA/Charleston Hebrew Institute? \_\_\_\_\_ If yes, please list name, address and years attended: \_\_\_\_\_

If applicant is in Early Childhood, please indicate the number of days and hours per week for which you are applying.

Days Per Week

- Monday-Friday
- Monday, Wednesday, Friday
- Tuesday, Thursday

Hours Per Day

- AM Class only (9 AM-12 PM)
- AM and PM Class (9 AM-3:25PM M-Th/3:00 F)
- Early Drop (7 AM-8:45 AM)

Yes, I would you like to receive information about AHA's tuition assistance program based on family need (for Kindergarten and up only).

Parent/Guardian #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian #1 Signature \_\_\_\_\_ Date \_\_\_\_\_