



**5685 Beacon Street Pittsburgh, PA 15217**

**412.521.8131 Fax 412.521.5150**

**www.hillelpg.org**

## **Application for Admission to School**

Student's Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

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

Telephone (Home #) \_\_\_\_\_ (cell #) \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Guardian's name (if other than father) \_\_\_\_\_

**Father's Name:** English \_\_\_\_\_ Hebrew \_\_\_\_\_

Paternal Grandfather's Name: English \_\_\_\_\_ Hebrew \_\_\_\_\_

Paternal Grandmother's Name: English \_\_\_\_\_ Hebrew \_\_\_\_\_

Occupation : \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's education: Name of High school: \_\_\_\_\_

Post-High School Yeshiva \_\_\_\_\_ Degree \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_

Graduate or Professional School \_\_\_\_\_ Degree \_\_\_\_\_

**Mothers's Name:** English \_\_\_\_\_ Hebrew \_\_\_\_\_

Maternal Grandfather's Name: English \_\_\_\_\_ Hebrew \_\_\_\_\_

Maternal Grandmother's Name: English \_\_\_\_\_ Hebrew \_\_\_\_\_

Occupation : \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's education: Name of High school: \_\_\_\_\_

Post-High School Yeshiva \_\_\_\_\_ Degree \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_

Graduate or Professional School \_\_\_\_\_ Degree \_\_\_\_\_

Siblings of Applicant:

- 1. Name \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_
- 2. Name \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_
- 3. Name \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_
- 4. Name \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_  
 Child's Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Synagogue Affiliation \_\_\_\_\_ Name of Rabbi \_\_\_\_\_

- This child was not born Jewish  Conversion documents are attached
- Child- Converted by \_\_\_\_\_ Date \_\_\_\_\_
- Mother - Converted by \_\_\_\_\_ Date \_\_\_\_\_

This child was adopted

Does your child have any particular disabilities (physical or emotional) ?

\_\_\_\_\_  
 \_\_\_\_\_

- Has your child undergone psychological or intelligence testing?  yes  no date of testing \_\_\_\_\_
- Will you allow the results to be released to our school ?  yes  no
- Is the child currently receiving psychological counseling?  yes  no
- Name of Doctor: \_\_\_\_\_
- Will you allow the results to be released to our school ?  yes  no

**Child's Previous Education**

Please list each school beginning with nursery:

Name: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Address: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Address: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Address: \_\_\_\_\_ Grade(s): \_\_\_\_\_

It is understood that enrollment at Hillel Academy is conditional upon the receipt of all necessary transcripts and records. Students are expected to uphold the principles and good name of the Academy at all times, in school and outside. Hillel Academy reserves the right to require the withdrawal of a student at any time for such reason as it deems sufficient.

Signature of Parent or Guardian: \_\_\_\_\_

Date \_\_\_\_\_

Application fee is enclosed (non-refundable)