

# BHJA Application Form



Application for school year:

2016 – 2017    2017 – 2018    2018 – 2019

Child's Full Name: \_\_\_\_\_

Child's Hebrew Name: \_\_\_\_\_ Sex:  Male       Female

Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

If born overseas, date of arrival in US: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

Current school attending: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Do you give us permission to contact them?  Yes       No

## Parent/Guardian A

Dr.    Mr.    Rabbi.    Mrs.    Ms.

Full Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address (if different to applicant): \_\_\_\_\_

Home Phone Number (if different to applicant): \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Work Address: \_\_\_\_\_

Parent/Guardian B

Dr.    Mr.    Rabbi.    Mrs.    Ms.

Full Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address (if different to applicant): \_\_\_\_\_

Home Phone Number (if different to applicant): \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Work Address: \_\_\_\_\_

Religious Background

One parent was born or converted to the Jewish faith

If converted, which parent and when did conversion take place?

\_\_\_\_\_

Both parents were born or converted to the Jewish faith

If converted, when did conversion take place?

\_\_\_\_\_

Temple Affiliation: \_\_\_\_\_

Siblings of Applicant

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Child's parent(s) is/are:

Married    Domestic Partners    Separated    Divorced    Single

Father deceased    Mother deceased

If parents are not living together, child lives with:

Father    Mother    Joint Custody

To whom should all school correspondence be directed?

Father    Mother    Both

Parent/Guardian Recommendation

Please comment on your child's physical development and health.

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Has your child ever been evaluated or received any early intervention services?    Yes    No

Is your child currently receiving any services such as speech therapy, occupational therapy, physical therapy, counseling, SEIT?    Yes    No

If yes, please attach the most recent evaluations/IEP.

Please comment on your child's social and emotional development (outgoing, shy, aggressive, unusually active, etc.).

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Is there any other information you feel we should know that would help us more fully understand your child or family?

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Financial Aid

Will you be applying for financial aid?  Yes  No

If yes, please see attached SSS form.

In addition to completing this form for admission, a \$100 non-refundable application fee applies.

Please note:

Tuition is \$21,000 a year.

Early drop off and after school programs are available at additional cost.

The application fee can be paid via PayPal (bhjadean@gmail.com), your credit card or a check made payable to Brooklyn Heights Jewish Academy can be sent to BHJA at 81 Atlantic Avenue, Brooklyn, NY 11201.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_