



# Soille San Diego Hebrew Day School

*Jewish Learning for Successful Living*

## Application for Admission

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HOW DID YOU HEAR ABOUT OUR SCHOOL?

\_\_\_\_\_

**FOR OFFICE USE ONLY:**

ACADEMIC YEAR: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

TUITION DEPOSIT: \_\_\_\_\_

RENWEB: \_\_\_\_\_

### STUDENT INFORMATION: (PLEASE PRINT)

NAME: \_\_\_\_\_  
(LAST) (FIRST) (FULL MIDDLE) (HEBREW NAME)

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: (CIRCLE ONE) M F CITIZEN OF: \_\_\_\_\_

APPLYING FOR: (CIRCLE ONE) INFANT 1 yrs 1.5 yrs 2-3 yrs 3-4 yrs PRE-K K 1 2 3 4 5 6 7 8

PRESCHOOL APPLICANTS ONLY: (CIRCLE ALL THAT APPLY) 1/2 DAY FULL DAY 3 DAYS 4 DAYS 5 DAYS

3 OR 4 DAY PROGRAM: (CIRCLE YOUR DAYS) MON. TUES. WED. THUR. FRI.

PRESENT SCHOOL OR CARE PROVIDER: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

OTHER SCHOOLS PREVIOUSLY ATTENDED: \_\_\_\_\_

CHECK IF \_\_\_\_\_ PARENTS DIVORCED \_\_\_\_\_ PARENTS SEPARATED \_\_\_\_\_ CHILD ADOPTED (CIRCLE) AWARE UNAWARE  
APPROPRIATE:

\_\_\_\_\_ PARENT(S) DECEASED, NAME(S) & DATE(S) OF PASSING \_\_\_\_\_

STUDENT LIVES WITH: (CIRCLE) PARENT(S) LEGAL GUARDIAN(S), IF GUARDIAN(S), STATE RELATIONSHIP: \_\_\_\_\_

FULL NAMES OF SIBLINGS AND AGES: \_\_\_\_\_  
(NAME) (AGE)

\_\_\_\_\_  
(NAME) (AGE)

\_\_\_\_\_  
(NAME) (AGE)

PHONE (858) 279-3300  
FAX (858) 279-3389  
WEB SITE [www.hebrewday.org](http://www.hebrewday.org)

3630 Afton Road  
San Diego, CA 92123



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### STUDENT INFORMATION: (CONTINUED) \_\_\_\_\_ (APPLYING CHILD'S NAME)

PLEASE LIST NAME, YEAR OF GRADUATION, AND RELATIONSHIP OF ANY RELATIVES WHO ATTEND OR HAVE ATTENDED SOILLE SAN DIEGO HEBREW DAY SCHOOL, SINCE 1963:

\_\_\_\_\_  
(NAME) (CLASS OF) (RELATIONSHIP TO APPLICANT) (EMAIL ADDRESS)

\_\_\_\_\_  
(NAME) (CLASS OF) (RELATIONSHIP TO APPLICANT) (EMAIL ADDRESS)

\_\_\_\_\_  
(NAME) (CLASS OF) (RELATIONSHIP TO APPLICANT) (EMAIL ADDRESS)

WHAT CONCERNS, IF ANY, DO YOU HAVE REGARDING YOUR CHILD'S TRANSITION INTO OUR SCHOOL?

\_\_\_\_\_

IS YOUR CHILD CURRENTLY FRIENDS WITH ANY HDS STUDENTS IN THEIR GRADE LEVEL? (CIRCLE ONE) YES NO

IF YES, PLEASE NAME: \_\_\_\_\_

DOES YOUR CHILD PARTICIPATE IN ANY EXTRA-CURRICULAR ACTIVITIES WHICH MIGHT IMPACT THEIR ATTENDANCE AND/OR TIME FOR STUDIES AT HOME? (CIRCLE ONE) YES NO

IF YES, PLEASE ELABORATE: \_\_\_\_\_

\_\_\_\_\_

ARE THERE ANY SPECIAL CIRCUMSTANCES AT HOME OR ELSEWHERE WHICH MAY IMPACT YOUR CHILD'S SOCIAL, BEHAVIORAL OR ACADEMIC PERFORMANCE AT SCHOOL? (CIRCLE ONE) YES NO

IF YES, PLEASE ELABORATE: \_\_\_\_\_

\_\_\_\_\_

HAS A PRIOR SCHOOL REPRESENTATIVE EVER EXPRESSED CONCERNS ABOUT YOUR CHILD'S SOCIAL, BEHAVIORAL OR COGNITIVE DEVELOPMENT? (CIRCLE ONE) YES NO

IF YES, PLEASE ELABORATE: \_\_\_\_\_

\_\_\_\_\_

HAS YOUR CHILD BEEN DIAGNOSED WITH ANY LEARNING DISABILITIES? (CIRCLE ONE) YES NO

IF YES, PLEASE ELABORATE: \_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD HAVE AN IEP OR A PSYCHOEDUCATIONAL ASSESSMENT? (CIRCLE ONE) YES NO



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**FAMILY INFORMATION:**

DO YOU WANT ADDITIONAL INFORMATION ABOUT TUITION ASSISTANCE? (CIRCLE ONE)      YES      NO

**PARENT OR GUARDIAN**

**PARENT OR GUARDIAN**

TITLE:   MR.   MRS.   MS.   DR.   RABBI

TITLE:   MS.   MRS.   MR.   DR.   RABBI

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

ARE YOU JEWISH? (CIRCLE ONE)      YES      NO

ARE YOU JEWISH? (CIRCLE ONE)      YES      NO

\* PLEASE LIST ANY ADDITIONAL PARENTS OR LEGAL GUARDIANS ON THE BACK OF THIS PAGE

SYNAGOGUE FAMILY ATTENDS: \_\_\_\_\_

**GRANDPARENT CONTACT INFORMATION:**

NAME(S) & ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_      EMAIL: \_\_\_\_\_

NAME(S) & ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_      EMAIL: \_\_\_\_\_