

SOILLE SAN DIEGO HEBREW DAY SCHOOL



APPLICATION FOR ADMISSION

HOW DID YOU HEAR ABOUT OUR SCHOOL?

FOR OFFICE USE ONLY:

ACADEMIC YEAR: _____

DATE RECEIVED: _____

REGISTRATION FEE: _____

REFERRED BY: _____

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 TODDLER PS-2's PS-3's PS-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 5 DAYS

(3 DAY PROGRAM - SELECT YOUR DAYS) MON. TUES. WED. THUR. FRI.

PRESENT SCHOOL: _____ GRADE LEVEL: _____

OTHER SCHOOLS PREVIOUSLY ATTENDED: _____

CHECK IF APPROPRIATE: _____ FATHER DECEASED _____ PARENTS SEPERATED _____ ADOPTED (CHILD AWARE)

_____ MOTHER DECEASED _____ PARENTS DIVORCED _____ ADOPTED (CHILD UNAWARE)

STUDENT LIVES WITH: (CIRCLE ONE) PARENT GUARDIAN IF GUARDIAN STATE RELATIONSHIP: _____

FULL NAMES OF SIBLINGS AND AGES: _____ (NAME) (AGE)

_____ (NAME) (AGE)

_____ (NAME) (AGE)

3630 Afton Road San Diego, CA 92123

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

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STUDENT INFORMATION: (CONTINUED)

(CHILD'S NAME)

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

(NAME)	(CLASS OF)	(RELATIONSHIP)
(NAME)	(CLASS OF)	(RELATIONSHIP)
(NAME)	(CLASS OF)	(RELATIONSHIP)

BRIEFLY DESCRIBE YOUR CHILD:

WHAT ARE YOUR CHILD'S GREATEST STRENGTHS?

WHAT ARE YOUR CHILD'S HOBBIES AND INTERESTS?

DOES YOUR CHILD PARTICIPATE IN ANY AFTERS SCHOOL ACTIVITIES?

DOES YOUR CHILD HAVE AN IEP OR A PSYCHOEDUCATIONAL ASSESSMENT? YES NO

PLEASE INDICATE THE NATURE OF ANY SPECIAL NEEDS OR LEARNING CHALLENGES:

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FAMILY INFORMATION:

DO YOU WANT ADDITIONAL INFORMATION ABOUT FINANCIAL AID? YES No
(FINANCIAL AID GRANTS ARE ONLY AVAILABLE FOR KINDERGARTEN—8TH GRADE)

FATHER

MOTHER

TITLE: DR. MR. RABBI PROFESSOR

TITLE: DR. MRS. MS. PROFESSOR

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: _____

SYNAGOGUE AFFILIATION: _____

SYNAGOGUE AFFILIATION: _____

GRANDPARENT INFORMATION: PLEASE PROVIDE INFO FOR US TO INVITE THEM TO GENERATION'S DAY AND TO SEND NOTES FROM THEIR GRANDCHILDREN.

Three horizontal lines for providing grandparent information.

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