



APPLICATION FOR ADMISSION

K-8

Student Profile

_____ Last Name	_____ First Name	_____ Middle Name
_____ Hebrew Name	_____ Date of Birth (MM/DD/YYYY)	_____ Place of Birth
_____ Applying for Grade	_____ School Year	Male <input type="checkbox"/> Female <input type="checkbox"/>

Student's Primary Home Address

_____ Address		_____ Apartment
_____ City	_____ State	_____ Zip
_____ Home Telephone		_____ Primary Email Address

Student Background

_____ If non Citizen, Immigration status	_____ Language(s) spoken at home	_____ Language most comfortable for student
_____ Synagogue Affiliation		

Parent Profile	Parent #1	Parent #2
Name including title		
Hebrew Name		
Mailing Address		
Home Phone		
Cell		
e-mail		
Marital status of parents	Married <input type="checkbox"/>	Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/>
If parents are not living in the same household, are there shared custody arrangements?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Where a student is not living with both parents, and the other parent is legally entitled to share school information, duplicate mailings can be sent to both parents. Duplicate mailing required?	yes <input type="checkbox"/>	no <input type="checkbox"/>



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Sibling Profile

Last name	First name	Birth date mm/dd/yyyy	Current school	grade

Medical Information

Name of doctor	Telephone
Allergies	
Other Medical Condition	

School History

School	City/Country	From: mm/dd/yyyy	To: mm/dd/yyyy	Grades

If your child is not currently attending a Jewish day school, please give details of Hebrew/Jewish education to date:

Please describe the impact of the most previous school experience, e.g., positive/negative outcomes

Please describe any special services or remedial programs which your child has experienced.



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Development History

The Bess & Paul Sigel Hebrew Academy is concerned with the total development of each student—socially, emotionally, physically and intellectually. The following information is important to us so that we may better understand your child.

Has your child's vision been tested?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Does your child wear glasses	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>Additional Information</i>		
Has your child's hearing been tested?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Are there concerns/needs related to your child's hearing	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>Additional information</i>		
Are there any concerns/needs related to your child's speech and language development?	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>Please describe, including any treatment being received</i>		
Are there any concerns/needs related to your child's fine or gross motor development?	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>Please describe, including any treatment being received</i>		
Are there any concerns/needs related to your child's behavioral development?	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>Please describe, including any treatment being received</i>		
Are there any other concerns/needs of which the Academy should be aware?	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>Please describe, including any treatment being received</i>		
Are there any family situations/stress of which the Academy should be aware?	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>Please describe, including any treatment being received</i>		



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Has an educational and/or a psychological assessment been done for this child?	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>Please describe the reason for the assessment.</i>		
Describe your child's interaction with peers		
Describe your child's response to classroom rule and routines		
Describe your child's perceived strengths		



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Please read carefully and sign:

An application fee of \$250.00 must be enclosed with this application. If your child is accepted following the admission process, this fee will be applied toward the tuition in the year of entry. If your child is not accepted, the fee will be refunded in full. If you withdraw your child before the completion of the admissions process, an administrative fee of \$150.00 applies. Please make your check payable to the Bess & Paul Sigel Hebrew Academy.

The information included in this application and any supporting documentation is strictly confidential. During the admissions process, access to this information will be restricted to the members of the admissions committee. Should your child be registered as a student at the Bess & Paul Sigel Hebrew Academy, the application and all supporting documentation will become part of your child's academic file.

I/we understand acceptance of a place at the Bess & Paul Sigel Hebrew Academy signifies:

- Acceptance of the ethos and values of the school as is contained in the Academy's mission statement
- Disclosure of all special circumstances
- Acceptance of the right of the administration to determine class placement
- Compliance with school rules as published in the Parent Handbook and in other relevant school documents
- Compliance with any agreed upon individual educational plan at the Bess & Paul Sigel Hebrew Academy

I/we confirm that all information in this application form is complete and correct and understand that the Academy reserves the right to cancel registration or enrollment if incomplete or incorrect information has been provided.

Parent 1 signature

Date

Parent 2 signature

Date

If parents are divorced, the custodial parent must sign this application

Application Check List

The following if applicable

- | | |
|--|---|
| <input type="checkbox"/> Deposit | <input type="checkbox"/> Copy of most recent class report |
| <input type="checkbox"/> Photo (digital OK) | <input type="checkbox"/> Copy of immigration papers |
| <input type="checkbox"/> Copy of birth certificate | <input type="checkbox"/> Copy of assessments |



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