



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

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: _____