

ENROLLMENT APPLICATION 2016-2017

Registration Date: _____

Child's Full Name (Hebrew & English): _____

Address: _____
Address City State Zip

Date of Birth: _____ Place of Birth: _____

Enrolling in Grade: _____ School Year: _____ Male Female

Previous Schools Attended by the Student:

School: _____ Dates Attended: _____ Grade: _____

School: _____ Dates Attended: _____ Grade: _____

Child Resides with: Both Parents Father Mother *Other

*If other, please state relationship: _____

Child's Predominant Language: _____

Other Languages Spoken: _____

Parent's Predominant Language:

Mother: _____ Father: _____

Mother's Full Name: _____

Mother's Address: _____ City: _____ Zip: _____

Mother's Occupation: _____ Phone: C _____ H: _____

Mother's Email: _____

Father's Full Name: _____

Father's Address: _____ City: _____ Zip: _____

Father's Occupation: _____ Phone: C _____ H: _____

Father's Email: _____

SIBLINGS:

Name	Relationship	Age	Grade	School

Synagogue Affiliation: (optional) _____

Please indicate your reasons for enrolling your child at Hillel Academy:

What are your child's academic interests?

Please make us aware of any educational, emotional or social considerations to aid us in meeting
Your child's individual needs

Does your child take any medication on a continual basis? Yes No

If yes, please explain: _____

Personal Consent

I give Hillel Academy permission to:

- Communicate with my child's past school regarding academic progress and/or special needs.
- Publish and copyright photographs taken of my son or daughter during the 2016-17 school year for the purposes of promoting Hillel Academy. I understand that these photos may be used in brochures, posters, flyers, internet web sites and other media. I release Hillel Academy from all claims in liability relating to photographs.
- Take my child, _____ on any and all school board approved activities and trips by the school unless I notify the principal in writing to the contrary. This consent will remain in force until revoked by me with a written notice to the principal.

Parent/Guardian Signature

Date

We look forward to working with you and your child in the upcoming school year. Thank you for taking the time to complete this application.

Please return this application, along with a ***non-refundable*** enrollment fee of **\$100.00** to:

Hillel Academy
6401 N Santa Monica Blvd.
Milwaukee, WI 53217

Hillel Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.