



How did you hear about Addlestone Hebrew Academy? _____

Has applicant previously applied for admission to AHA? _____ If yes, when? _____

Current School _____ Current Grade _____

Has applicant ever been suspended, expelled or withdrawn from school for any reason? If yes, please attach full details, including name of school, year and contact person for further detail: _____

If applicant has special needs, please explain what accommodations would be needed to allow a fair evaluation for admission: _____

Has applicant ever undergone an educational evaluation administered by a psychologist, psychiatrist, or counselor? If yes, please give date of consultation and submit copies of test results or consultation reports. _____

Have any educational/learning difficulties been identified? Has applicant been in a resource or tutoring program? _____

Please provide any additional information concerning the applicant about which the school should be aware (developmental, family life, medical concerns, etc.): _____

What three adjectives best describe your child? _____

Please share with us some of the reasons why you feel AHA would be a desirable environment for your child and for your family: _____

Are any of the applicant's relatives alumni of AHA/Charleston Hebrew Institute? _____ If yes, please list name, address and years attended: _____

If applicant is in Early Childhood, please indicate the number of days and hours per week for which you are applying.

Please understand that this is not a guarantee of availability.

Days Per Week

- Monday-Friday (required for EC 4)
- Monday, Wednesday, Friday
- Tuesday, Thursday (TT's/EC 2 only)

Hours Per Day

- AM Class only (9 AM-12 PM)
- AM and PM Class (9 AM-3:25PM M-Th/3:00 F)
- Early Drop (7:30 AM-8:45 AM)

Yes, I would you like to receive information about AHA's tuition assistance program based on family need (Kindergarten and up only).

Parent/Guardian #1 Signature _____ Date _____

Parent/Guardian #2 Signature _____ Date _____