

TRADITION - LEADERSHIP - EXCELLENCE

ate of Application// o be completed by parent or legal guardian:			Appli	cation for E	nrollm
pplicant's Full Name					
Last		First	Middle		eferred
ebrew Name			Date of Birth	//	Sex
ome Telephone Number		E	Birthplace		
oplying for Age Group/Grade		F	or Which School Year		
ome Address					
ty			State	Zip	
arent/Legal Guardian #1					
abbi/Dr./Mr./Ms./Mrs.)					
First		Maiden Name (if app		Last	
ome Address (if different)					
ty	State _	Zip	Relationship	to Student	
nail Address		Mobile Phone	Business	Phone	
isiness Name		0	ccupation		
siness Address					
ty			State	Zip	
b Title		Religious Aff	iliation		
arent/Legal Guardian #2					
abbi/Dr./Mr./Ms./Mrs.)					
First		Maiden Name (if app		Last	
ome Address (if different)					
y	State _	Zip	Relationship	to Student	
nail Address		Mobile Phone	Business	Phone	
isiness Name		Occupation			
usiness Address					
ty			State	Zip	
b Title		Religious Affiliation			
re applicant's parents separated or divorce	d?	If yes, who has legal custo	dy?		
ith whom does applicant live?		To whom should scho	ol documents be sent? _		



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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Has applicant ever been suspended, expelled or withdrawn from	school for any reason?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 accommodat	ions would be needed to allow a fair evaluation for admission:			
-	stered by a psychologist, psychiatrist, or counselor? If yes, please give ation reports.			
Have any educational/learning difficulties been identified? Has a	applicant been in a resource or tutoring program?			
Please provide any additional information concerning the application medical concerns, etc.):	ant about which the school should be aware (developmental, family life,			
What three adjectives best describe your child? Please share with us some of the reasons why you feel AHA wou	ld be a desirable environment for your child and for your family:			
Are any of the applicant's relatives alumni of AHA/Charleston He attended:	brew Institute? If yes, please list name, address and years			
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 and flours per week for which you are applying.			
Days Per Week	Hours Per Day			
☐ Monday-Friday (required for EC 4)	AM Class only (9 AM-12 PM)			
☐ Monday, Wednesday, Friday	☐ AM and PM Class (9 AM-3:25PM M-Th/3:00 F)			
Tuesday, Thursday (TT's/EC 2 only)	☐ Early Drop (7:30 AM-8:45 AM)			
lacksquare Yes, I would you like to receive information about AHA's tuition	on assistance program based on family need (Kindergarten and up only).			
Parent/Guardian #1 Signature	Date			
Parent/Guardian #2 Signature	Date			