

JOSEPH KUSHNER HEBREW ACADEMY

APPLICATION

(Grades Pre-Kindergarten through 8th)



Entering Grade:

APPLICANT INFORMATION

Please Print Clearly

NAME (first, middle, last): _____

Hebrew Name: _____ Social Security # (Required): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Date of Birth: _____ Place of Birth: _____

Current School: _____ Telephone: _____

<u>Previous School(s)</u> <u>Attended</u>	<u>Address</u>	<u>Phone</u>	<u>Dates (From / To)</u>	<u>Principal's Name</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Approved By: _____ Date _____

Susan Dworken, Head of School

Date

110 South Orange Avenue • Livingston, New Jersey 07039
 Phone: (973) 597-1115 • Fax: (973) 597-3363 • E-mail: bwong@jkha.org

QUESTIONNAIRE

PARENTS

Please share specific information about your child (e.g., personality, needs, challenges or issues):

How did you hear about our school?

Why are you interested in the Joseph Kushner Hebrew Academy?

FOR PARENTS OF CHILDREN ENTERING PRE-K and KINDERGARTEN

What are some of the activities your child enjoys most?

Do you have any concerns about your child starting school?

SIBLINGS

	<u>Full Name</u>	<u>Age</u>	<u>School Attending</u>	<u>Grade</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

PARENT INFORMATION

FATHER:

Name: _____

Home Tel: _____

Mobile: _____

Email Address: _____

Synagogue: _____

Location: _____

Occupation: _____

Employer: _____

Work Tel: _____

Social Security #: _____

Hebrew Name: _____

Kohen _____ Levi _____ Yisrael _____

Jewish Education: _____

General Education: _____

MOTHER:

Name: _____

Home Tel: _____

Mobile: _____

Email Address: _____

Synagogue: _____

Location: _____

Occupation: _____

Employer: _____

Work Tel: _____

Social Security #: _____

Hebrew Name: _____

Jewish Education: _____

General Education: _____

Mother's Maiden Name: _____

Are parents living together? Yes No Deceased Parent

If no, who has primary custody? Mother Father Joint Custody

Please check as appropriate:

child from this marriage from another marriage adopted

Is mother Jewish by birth?

Yes No (please send JKHA a copy of the conversion certificate)

PARENTS, PLEASE NOTE

The following items are necessary for admission to JKHA:

- Complete all of this form clearly.
- School Records (report cards, standardized test scores, and any evaluations).
- Online Enrollment with paid registration fees (see enclosed)

Note: Should you need financial assistance please follow the guidelines enclosed in this package. All enrollment information is also available on line at www.jkha.org

No applicant will be enrolled in classes until all fees, application materials, and other required information have been submitted in full to JKHA. Please call the JKHA Main Office at (973) 597-1115, extension 1103, and speak to Betty Wong if you have any questions.

Joseph Kushner Hebrew Academy believes that our school exists to promote the educational growth of each student within our “community of learners.” As parents, you place the children you treasure above all in our care. As educators, what we offer them at JKHA can be nothing less than what we want for our own children.

Mother Signature

Print Name

Date

Father Signature

Print Name

Date

Please do not write below this line

For Office Use Only:

Date Received _____ Fee Received _____

Evaluation Received _____ Transcript Received _____

Examination Scores _____

Interview Date _____

Hebrew Readiness _____

Comments: _____

Action

A R PA PB Signed _____ Date _____