

# JOSEPH KUSHNER HEBREW ACADEMY

ENTERING  
GRADE

ATTACH  
RECENT  
PHOTO  
HERE

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Nickname \_\_\_\_\_ Male  Female

Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hebrew Date of Birth \_\_\_\_\_

## SCHOOL INFORMATION

Current School \_\_\_\_\_

Name of Principal/Director and Teacher \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

School(s) Previously Attended \_\_\_\_\_ Dates Attended \_\_\_\_\_

\_\_\_\_\_

Camp \_\_\_\_\_

## SIBLINGS

Full name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# JOSEPH KUSHNER HEBREW ACADEMY

## QUESTIONNAIRE

### PARENT

Please write a brief description of your child's character and temperament.

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Describe the child's behavior in school:  Age-appropriate  Approaching age expectations

Please explain: \_\_\_\_\_

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How does s/he follow instructions?  Very Well  Well  Needs Improvement

How does your child grasp new concepts?  Easily  Appropriately  Needs Extra Review

Does your child take medication? If yes, which medication and at what dosage?

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Are there any birth-related or developmental delay issues that we should be aware of that will help us better meet your child's needs? \_\_\_\_\_

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Has your child received any type of intervention, therapy (e.g., occupational, speech, early intervention, etc.), psychological or educational evaluation, or long-term medical treatment?

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Please include any additional information you would like us to know about your child:

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Please do not hesitate to reach out to us if you would like to share any additional information. You may contact Ms. Shawn Tarzik at (862) 437-8064.

# JOSEPH KUSHNER HEBREW ACADEMY

## PARENTS

### FATHER:

Mr./Dr./Rabbi \_\_\_\_\_

Name: \_\_\_\_\_

Address:  Same as address on front of application

Fill out below if different:

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Synagogue: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

High School Attended: \_\_\_\_\_

College/University Attended: \_\_\_\_\_

1. Are parents living together?  Yes  No

*If "No" fill out the information at right ⇨*

2. Please check as appropriate:

Child from this marriage

From another marriage  Adopted

*If "Adopted" please include a copy of the conversion certificate if applicable.*

3. Is mother Jewish by birth?  Yes  No

*If "No" please include a copy of the conversion certificate.*

4. Is father Jewish by birth?  Yes  No

### MOTHER:

Ms./Mrs./Dr. \_\_\_\_\_

Name: \_\_\_\_\_

Address:  Same as address on front of application

Fill out below if different:

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Synagogue: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

High School Attended: \_\_\_\_\_

College/University Attended: \_\_\_\_\_

### DIVORCED OR SEPARATED PARENTS ONLY:

1. Is mother remarried?  Yes  No

*If "Yes" fill out name of stepparent*

\_\_\_\_\_

2. Is father remarried?  Yes  No

*If "Yes" fill out name of stepparent*

\_\_\_\_\_

3. Who has primary custody?

Mother  Father  Joint custody

4. Who has financial responsibility?

Mother  Father  Joint

## JKHA/RKYHS ALUMNI

**Family members**

**Year Graduated**

**Relationship**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GRANDPARENTS

### Paternal Grandparents

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Email address \_\_\_\_\_

### Maternal Grandparents

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Email address \_\_\_\_\_

## JKHA APPLICATION CHECKLIST

Please use the checklist below to ensure that all necessary steps of the registration process have been completed:

- Complete and return the Application form by January 28, 2019.
- Attach a recent photograph in the space provided.
- Please include a \$100.00 non-refundable fee made out to JKHA.
- Submit the Director or Principal recommendation form to your child's current school or program and request that these forms be sent directly to Joseph Kushner Hebrew Academy.
- Transcript/Records: Please submit a copy of the signed Transcript/Records Release Form to your child's current school and request that required files be submitted to JKHA no later than January 28, 2019.
- Please provide a copy of your child's IEP including a psycho-educational evaluation (if applicable).
- Contact Ms. Shawn Tarzik at (862) 437-8064 to schedule a tour and interview.
- For affordability Information, go to [www.jkha.org/affordability](http://www.jkha.org/affordability).

If you have additional questions or need further information, please contact:

Ms. Allison Lyons, Director of Admissions & Community Relations  
(862) 437-8050 or [alyons@jkha.org](mailto:alyons@jkha.org)

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### For Office Use Only

Date Received \_\_\_\_\_

Fee Received \_\_\_\_\_

Examination Scores \_\_\_\_\_

Interview Date \_\_\_\_\_

Time \_\_\_\_\_