

JOSEPH KUSHNER HEBREW ACADEMY

ENTERING GRADE

ATTACH RECENT PHOTO HERE

STUDENT INFORMATION

Last Name _____ First Name _____

Nickname _____ Male Female

Hebrew Name _____

SOCIAL SECURITY NUMBER (REQUIRED)

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Place of Birth _____

Date of Birth _____ Hebrew Date of Birth _____

SCHOOL INFORMATION

Current School _____

Telephone _____

Name of Principal or Director _____

School(s) Previously Attended	Dates Attended
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_____	_____
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_____	_____
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SIBLINGS

Full name:	Age:	School Attending:	Grade:
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_____	_____	_____	_____
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JOSEPH KUSHNER HEBREW ACADEMY

QUESTIONNAIRE

PARENT

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

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

Please explain: _____

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

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?

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? _____

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?

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

Please do not hesitate to reach out to us if you would like to share any additional information. You may contact Ms. Fran Glajchen at (862) 437-8094.

FAMILY INFORMATION

PARENTS

FATHER:

Mr./Dr./Rabbi _____

Name: _____

Address: Same as address on front of application
Fill out below if different:

Home Tel (if different): _____

Mobile: _____

Work Tel: _____

Email: _____

Synagogue: _____

Occupation: _____

Employer: _____

Social Security #: _____

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 Tel (if different): _____

Mobile: _____

Work Tel: _____

Email: _____

Synagogue: _____

Occupation: _____

Employer: _____

Social Security #: _____

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

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 February 1, 2014.
- 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 and request that these forms be sent directly to Joseph Kushner Hebrew Academy.
- Transcript/Records (for students applying to grades 1-8): 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 February 1, 2014.
- Please provide a copy of your child's IEP including a psycho-educational evaluation (if applicable).
- Contact Ms. Fran Glajchen at (862) 437-8094 to schedule a tour and interview.
- If applicable, submit financial aid application (please reference the enclosed booklet *Affordability*).

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

Ms. Sandra Blank, Director of Admissions
(862) 437-8050 or sblank@jkha.org

For Office Use Only

Date Received _____

Fee Received _____

Examination Scores _____

Interview Date _____

Time _____

Action: A R PA PB

DIRECTOR OR PRINCIPAL RECOMMENDATION

Thank you for taking the time to complete this recommendation form.
All information is confidential and will be used for admissions purposes only.

Name: _____ Date: _____

Name of student _____

Current School _____

Please check the appropriate box in each of the listed categories.

	Yes	No	N/A
Is child's behavior age appropriate			
Does child listen to instructions			
Does child master concepts easily			
Does child separate easily from parent or caregiver			
Does child interact well with his/her peers			
Does the child tire easily			
Is the child outgoing			
Is the child shy			

Please include any other relevant information below:

Signature _____