



# ELEMENTARY SCHOOL, GRADES 1-8 APPLICATION FOR ADMISSION

5771 Academic Year 2010-2011  
5235 S. Cornell Avenue, Chicago, IL 60615  
Phone: 773-493-8880  
Fax: 773-493-9377

Date: \_\_\_\_\_

Please indicate the grade for which you are applying (1– 8) \_\_\_\_\_

## A. GENERAL INFORMATION

### Child's Name

\_\_\_\_\_  
Last First Middle Hebrew

### Primary Home Address

\_\_\_\_\_  
Street City State Zip Code

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female

## B. FAMILY INFORMATION:

### Parent/Guardian 1

\_\_\_\_\_  
Name Relationship to Child

Check here if child lives with this parent/guardian

### Home Address (if different from child)

\_\_\_\_\_  
Street City State Zip Code

Email \_\_\_\_\_ Religion \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone/Pager \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code

Check here to include the above information in the school directory  Do not include us in the directory

Continued ⇨

**Parent/Guardian 2**

(Feel free to duplicate this page for additional parents/guardians)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Check here if child also lives with this parent/guardian

Home Address (if different from child)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Religion \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone/Pager \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check here to include the above information in the school directory

Do not include us in the directory.

**Siblings**

Name:	Birth date:	School and Grade:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Others Living with the Family**

\_\_\_\_\_  
\_\_\_\_\_

**Languages Spoken at Home**

\_\_\_\_\_

**Applicant's Family Relationship**

Married  Divorced  Separated  Parent Deceased  Other \_\_\_\_\_

**C. APPLICANT'S ACADEMIC BACKGROUND**

Previous School(s) Name	Dates of Attendance	School Address/Phone Number
Please list both secular and Hebrew schools		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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**If you are applying to Akiba-Schechter for the first time, how did you learn about our school?**

If a friend recommended Akiba-Schechter, please let us know who we can thank for the referral.

**Is there anything we should consider when determining your child's placement, including your child's academic, emotional, health, or developmental circumstances?**

Feel free to include a separate attachment with your application.

**D. FINANCIAL RESPONSIBILITY**

**Person(s) financially responsible for child:** \_\_\_\_\_

Check here if scholarship is needed.

Contact information  
(if different from parent/guardian information above)

\_\_\_\_\_  
Street City State Zip Code

Email \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Phone \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street City State Zip Code

**E. HEALTH:**

**Is there anything in your child's health history, including physical, emotional and psychological health not yet addressed in this application?**

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A non-refundable \$75.00 application fee and a copy of your child’s birth certificate must accompany this application.

We/I verify that the information in this application is accurate and current. We/I are/am authorized to make education decisions for this child.

\_\_\_\_\_  
Parent/Guardian Name (Print) and Signature

\_\_\_\_\_  
Date

*Thank you for applying to Akiba-Schechter Jewish Day School. Please feel free to contact us if you have any questions.*

**Miriam Schiller**  
Principal

**Carla Goldberg**  
Pre-School Director

*Akiba-Schechter Jewish Day School is accredited by the State of Illinois and is affiliated with Associated Talmud Torahs and Community Foundation for Jewish Education of Metropolitan Chicago. Akiba-Schechter is a beneficiary agency of the Jewish Federation of Metropolitan Chicago supported by the Jewish United Fund. The Day School (Grades 1-8) is open to all Jewish children.*

*It is our mission to promote academic excellence and develop students with strong Jewish identities. By focusing on the individual gifts and needs of each student, our teachers create a caring family of learners who are committed to responsible citizenship and the performance of mitzvot. We view the creation of the State of Israel as one of the seminal events in Jewish history. Recognizing the significance of Israel and its national institutions, we seek to instill in our students an attachment to the State of Israel and its people as well as a sense of responsibility for their welfare.*

**For office use only:**

Date application received: \_\_\_\_\_

Application fee received: \_\_\_\_\_

Account number: \_\_\_\_\_

Approved to enroll: \_\_\_\_\_

Setup complete: \_\_\_\_\_

