



# ADOLPH SCHREIBER HEBREW ACADEMY OF ROCKLAND

360 NEW HEMPSTEAD ROAD, NEW CITY NY 10956  
TEL. 845-357-1515 FAX 845-357-1516 WWW.ASHAR.ORG



## APPLICATION FOR ADMISSION 2018-2019

Applying for grade \_\_\_\_\_

Please affix  
recent photo  
of child

PLEASE PRINT ALL INFORMATION IN BLUE OR BLACK INK

1) \_\_\_\_\_  
Student's Name (Last) (First) (Middle) (Hebrew)

2) \_\_\_\_\_  
Home Address (Street, City, State, Zip)

3) \_\_\_\_\_  
Telephone (Home -1) (Home-2)

4) \_\_\_\_\_  
Student's Date of Birth (M/D/Y) Hebrew DOB (M/D/Y)

### 5) Previous Education of Applicant (Please list beginning with Playgroup)

Name of School	Grade	School Address (City/State)	Phone	Dates of Attendance

- All applications must be accompanied by non-refundable \$100 (**per new family**) application fee
- Applications for grades 1-8 must be accompanied by non-refundable \$100 (**per applicant**) testing fee
- Please attach copies of child's report cards (last two years) and recent standardized test scores
- Please attach a copy of child's birth certificate

### FOR OFFICE USE ONLY

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

Application Fee Enclosed Ch. # \_\_\_\_\_

Testing Fee Enclosed Ch. # \_\_\_\_\_

Limudei Kodesh Eval. Complete \_\_\_\_\_  
Examiner

General Studies Eval. Complete \_\_\_\_\_  
Examiner

Birth Cert. Enc.  Report Cards Enc.  Ach. Test Scores Enc.

Immunizations  early/after care  photo media permission?

#### Post Evaluation

Accepted  Not Accepted  Pending

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Menahel

**ASHAR...** where children love to learn!

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**Please respond to the following questions:**

1. Child's Country of Origin (if other than U.S.) \_\_\_\_\_ Date of Arrival in U.S. \_\_\_\_\_

2. Languages spoken at home \_\_\_\_\_

3. Name some of your child's interests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Has your child experienced any serious illness or accident? Please be specific as to date and nature of illness/accident.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Is your child adopted?  Yes  No (if yes, please attach copies of adoption papers)

6. Additional information on child's behavior, habits, attitudes or issues \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7.  If your child has an I.E.P. or has had intervention for psychological, emotional or educational concerns this box must be checked and all relevant documents attached.

8.  If your child has any severe allergy that the school needs to be aware of this box must be checked and all relevant documents attached.

9.  Yes, I give my permission for ASHAR to contact my child's previous school(s).

10. Referred by \_\_\_\_\_

\_\_\_\_\_

Family Name \_\_\_\_\_

Marital Status \_\_\_\_\_

PARENT / GUARDIAN INFORMATION

FATHER

MOTHER

English Name/Title \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Address  
(if different than child's) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #  
(if different than child's) \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Parent's Email \_\_\_\_\_

\_\_\_\_\_

Shul Affiliation \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Name of Firm \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Business Telephone \_\_\_\_\_

\_\_\_\_\_

Jewish Education \_\_\_\_\_

\_\_\_\_\_

Secular Education \_\_\_\_\_

\_\_\_\_\_

For Transfer Students—Reason for wanting to transfer to ASHAR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If either of the child's parents are *Gerim* to Judaism, please supply us with a copy of the conversion documents.

Sibling Information

Name	Age	School	Current Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

