



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 2019-2020

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
