

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 FO 2019-2 Applying for		Please affix
PLEASE PRINT ALL INFORMATION IN BLUE OR BLACK INK	recent photo	
		of child
1)Student's Name (Last) (First) (M	iddle) (Hebrew)	
2) Home Address (Street, City, State, Zip)		
Home Address (Street, City, State, Zip)		
3) Telephone (Home –1)	(Home–2)	
	,	
4)Student's Date of Birth (M/D/Y) He	brew DOB (M/D/Y)	_
5) Previous Education of Applicant (Please list beginn	ning with Playgroup)	
Name of School Grade School Address (City	//State) Phone D	ates of Attendance
 All applications must be accompanied by non-refundable \$ Applications for grades 1-8 must be accompanied by non-refundable \$ Please attach copies of child's report cards (last two years Please attach a copy of child's birth certificate 	refundable \$100 (per applicant) to) and recent standardized test sco	esting fee
FOR OFFICE	USE ONLY	
Date Received	Post Eva □ Accepted □ Not Accepted	
☐ Application Fee Enclosed Ch. #	☐ Comments	•
☐ Testing Fee Enclosed Ch. #		
□ Limudei Kodesh Eval. Complete		
☐ General Studies Eval. Complete Examiner		
□ Birth Cert. Enc. □ Report Cards Enc. □ Ach. Test Scores Enc.	Data Maria	
☐ Immunizations ☐ early/after care ☐ photo media permission?	Date Menah	iei

Studer	t'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 accide illness/accident.	nt? Please be specific as to date and nature of		
5.	Is your child adopted? ☐ Yes ☐ No (if yes,	please attach copies of adoption papers)		
6.	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 poor must be checked and all relevant documents attached	osychological, emotional or educational concerns thied.		
8.	☐ If your child has any severe allergy that the school ne relevant documents attached.	eds to be aware of this box must be checked and all		
9.	☐ Yes, I give my permission for ASHAR to contact my c	hild's previous school(s).		
10.	Referred by			

Family Name	Marital Status			
PARENT / GUARDIAN INFORMA	TION			
F,	ATHER		МОТ	HER
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 fo	r wanting to transfer to	ASHAR		
If either of the child's parents are 0	Carim to Judajem place	eo cupaly us	with a copy of th	o conversion decuments
in entire of the child's parents are c	<i>Jemn</i> to Judaism, piea.	se supply us	with a copy of the	e conversion documents.
Sibling Information Name	Age		School	Current Grade

SUPPLEMENTAL DOCUMENTS TO APPLICATION

		e the processing of your child's application, you MUST furnish us with the following information BEFORE LICATION CAN BE CONSIDERED.				
Α.	The following items must accompany this application (we will be unable to process this application without the following):					
•	🗅	1) A copy of Birth Certificate				
		2) Recent photograph attached to application				
		3) Proof of Immunizations				
		4) \$100 Application Fee per family (check payable to ASHAR), non-refundable				
		5) \$100 Testing Fee per child (check payable to ASHAR), non-refundable, for applicants applying for Grades 1-8				
		6) Previous two years' report cards (if applicable) □ Limudei Kodesh □ General Studies				
		7) Recent Achievement Test Scores (if applicable)				
		8) I.E.P. or psychological evaluation (if applicable)				
B. The following items must be completed after applicant is accepted:						
	2) 3) 4) 5)	Registration form and fees Health and Medication Forms Home Language Questionnaire Early Drop-off/Aftercare Registration Completed School Transportation form sent to School District Evidence of child citizenship status (for non U.S. citizens)				
		Acceptance to ASHAR is contingent upon clearance from previous school attended.				
am	enclosi	ly for my child/ren to be admitted to the Adolph Schreiber Hebrew Academy of Rockland (ASHAR). ng all requested documents and fees. I give permission to my child's current school to release all information social, and health records) to ASHAR. All information sent to us will remain confidential.				

Please mail to: ASHAR

Father's Signature

360 New Hempstead Road New City NY 10956 Attention: Admissions Office Date

Mother's Signature

Date