



**Hamilton Hebrew Academy**

**Office of Admissions** | 60 Dow Avenue, Hamilton, On. L8S 1W4 | T 905.528.0330 ex25 | F 905.528.0544  
admissions@hamiltonhebrewacademy.ca | www.hamiltonhebrewacademy.ca

## APPLICATION FOR ADMISSION: GENERAL FAMILY INFORMATION

CANDIDATE FOR GRADE \_\_\_\_\_ in  September 20\_\_\_\_  Midyear: Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Student: \_\_\_\_\_  
LAST FIRST MIDDLE

Male  Female Hebrew Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET/APT # CITY STATE ZIP

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student Email (optional): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ (If adopted, please list adoption date \_\_\_\_\_)

### PARENT/GUARDIAN #1 INFORMATION

Mrs.  Ms.  Mr.  Dr.  Rabbi  Rabbi Dr.  Other: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Hebrew Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different from student) STREET/APT # CITY STATE ZIP

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ \* If parent is remarried, name of stepparent: \_\_\_\_\_

**\*Note:** If applicant's parents are divorced/separated, the family will be asked to supply a copy of the legal custody arrangements at the time of enrollment.

### PARENT/GUARDIAN #2 INFORMATION

Mrs.  Ms.  Mr.  Dr.  Rabbi  Rabbi Dr.  Other: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Hebrew Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different from student) STREET/APT # CITY STATE ZIP

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If parent is remarried, name of stepparent: \_\_\_\_\_

**FOR OFFICE USE ONLY:**  DATE REC. \_\_\_\_\_  
 START DATE \_\_\_\_\_



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**FAMILY INFORMATION**

Please list the following information for your child's **siblings**:

	NAME	DATE OF BIRTH			GENDER (circle)	CURRENT GRADE	CURRENT SCHOOL
		MM	DD	YYYY			
1					F M		
2					F M		
3					F M		
4					F M		
5					F M		

Have you or any previous family members ever attended HHA / HJMS?  Yes  No *If yes, relationship(s) and dates of attendance:*

\_\_\_\_\_

\_\_\_\_\_

**STUDENT INFORMATION**

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Address: \_\_\_\_\_  
STREET CITY STATE ZIP

School Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Fax (required): (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Dates Attended: \_\_\_\_\_

What language(s) does your child speak fluently?  English  Hebrew  Russian  Other: \_\_\_\_\_

Has your child ever received any support services, enrichment, or tutoring?  Yes, currently  Yes, in the past  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Has your child ever received any evaluations (e.g., psychological, educational, speech and language, occupational or physical therapy, behavioral)?  Yes  No *If yes, please enclose copies of report(s) and describe in brief here:*

\_\_\_\_\_

Does your child receive psychological, educational, speech, language, occupational, physical, or behavioral therapy?  Yes  No  
If so, please indicate which kind and how often.

\_\_\_\_\_

I hereby apply for admission of my child to HHA. I certify that the above information is complete and accurate.  
I am enclosing:  a copy of my child's birth certificate.  
 a check made payable to HHA for the one time \$200 non-refundable application fee.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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*This information is to help us get to know your child. It will be held in confidence and will not become part of his/her permanent record.*

Student's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Please describe your child (disposition, special interests, talents, etc.). \_\_\_\_\_

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

**PREVIOUS EDUCATION**

*Please list child's current school first, and up to four most recent schools attended. Applicants to grades N-2 may include day care program(s).*

1. School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

School Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (required): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

School Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (required): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please tell us about your child's previous school experiences. \_\_\_\_\_

\_\_\_\_\_

Has your child ever attended summer camp or youth groups? If so, which one(s) and when? \_\_\_\_\_

\_\_\_\_\_

**RELIGIOUS INFORMATION**

Are you affiliated with any synagogue, if so which one:

\_\_\_\_\_

Are both of the student's parents Jewish:  Yes  No: Please indicate which parent is Jewish \_\_\_\_\_

Please indicate whether there were any conversions in the family (child, parent, or any grandparent:)

RELATIONSHIP	NAME	DATE OF CONVERSION			RABBI / BEIT DIN PERFORMING CONVERSION