



APPLYING FOR \_\_\_\_\_ GRADE

APPLICATION FOR ADMISSION TO NORTH SHORE HEBREW ACADEMY

We hereby submit our application for our child's admission to North Shore Hebrew Academy for the academic year commencing 20\_\_\_\_\_. We understand that the Academy's course of study reflects a commitment in Judaic and General studies, combined with a commitment to the values and traditions of Halachic Judaism, and are fully aware of the Academy's commitment to Torat Yisrael, Am Yisrael and Eretz Yisrael. We agree to share in and support the North Shore Hebrew Academy's philosophy and policies.

**STUDENT BASIC INFORMATION**

*Please print all information*

\_\_\_\_\_  
 Student's First and Last Name Nickname or Other Name to be used in School

\_\_\_\_\_  
 Student's Date of Birth Male  Female

**PARENTS BASIC INFORMATION**

\_\_\_\_\_  
 Father's Title and Name Mother's Title and Name

\_\_\_\_\_  
 Home Address Zip Home Phone

Does Student live at this address?  Yes  No

Father: ( ) ( )  
 Cell Phone # Business Telephone # E-mail Address

Mother: ( ) ( )  
 Cell Phone # Business Telephone # E-mail Address

Applications for students applying to all grades must be accompanied by a **\$150.00 application fee**. Students applying for Kindergarten - Grade 8 must also include a **\$200.00 testing fee**. Checks made payable to North Shore Hebrew Academy. Application and testing fees are **non-refundable**. **Please continue to fill out the application form on the next pages.**

FOR OFFICE USE ONLY

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

Cash  Check # \_\_\_\_\_

TESTING DATES: \_\_\_\_\_

Psychological Evaluation \_\_\_\_\_

Hebrew Test Examiner

Birth Certificate # City/State

CANDIDATE FOR GRADE:

Hebrew \_\_\_\_\_ General Studies \_\_\_\_\_

(All documents have been submitted)

POST EVALUATION

- Accepted
- Pending
- Not Accepted
- \_\_\_\_\_
- CONDITIONS: \_\_\_\_\_

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

Business Office \_\_\_\_\_

**DETAILED STUDENT INFORMATION:**

Student's Hebrew Name \_\_\_\_\_  
(last) (first) (middle)

Student's Hebrew Date of Birth \_\_\_\_\_ Child born before sunset or after sunset

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

Language(s) spoken in the home \_\_\_\_\_ If foreign born, date of arrival in U.S.A. \_\_\_\_\_

**PREVIOUS EDUCATION:** (If applicable, please list from Nursery)

Name of School	Grade	Address of School	Dates of Attendance (from-to)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for applying to NSHA

\_\_\_\_\_

\_\_\_\_\_

What is your child's most pronounced interest? (describe)

\_\_\_\_\_

\_\_\_\_\_

What are your child's leisure activities?

\_\_\_\_\_

\_\_\_\_\_

Does your child have an IEP (Individualized Education Plan)? If yes, please specify:

\_\_\_\_\_

Is your child receiving any therapy - PT, OT, Speech, Special Education services, or has he/she received any of these services in the past?

\_\_\_\_\_

\_\_\_\_\_

Has your child experienced any serious illness or accident? (Give dates and nature of illness or accident)

\_\_\_\_\_

\_\_\_\_\_

Additional information on your child's behavior, habits and attitude:

\_\_\_\_\_

\_\_\_\_\_

Religious background of the home. (Kindly state here the attitude of the family with respect to religious observances such as Shabbat, Holidays, Kashrut, etc.)

\_\_\_\_\_

\_\_\_\_\_

## SIBLINGS INFORMATION

Siblings Names	Date of Birth	Age	School (If NSHA Alumni, please specify year graduated)	Grade

## GRANDPARENTS INFORMATION

	First and Last Name	Home Address	Phone Number	Email
Maternal				
Paternal				

## PARENT DETAILED INFORMATION

	FATHER	MOTHER First Name and Maiden Name
Hebrew Name		
Place of Birth		
If foreign born, date of arrival in U.S.A.		
Congregational Affiliations		
Rabbi's Name & Number		
Other Jewish & General Communal Affiliations		
Place of Employment		
Occupation		
Business Address		
Are you an Alumnus of NSHA? Year Graduated		
From which Elementary and High School did you graduate and what years?		

How did you hear about the North Shore Hebrew Academy?

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## SUPPLEMENTARY DOCUMENTS TO APPLICATION

To facilitate the processing of your child's application, you MUST furnish us with the following information BEFORE THIS APPLICATION CAN BE CONSIDERED.

### **THESE ITEMS MUST ACCOMPANY THIS APPLICATION:**

We will be unable to process this application without the following:

- (1) An original Birth Certificate.
- (2) Recent photograph attached to application.
- (3) \$150.00 Application Fee (check made out to NSHA), non-refundable.
- (4) \$200.00 testing Fee (check made out to NSHA), non-refundable. (for applicant applying for Kindergarten-Grade 8)
- (5) Last term's report card (if applicable)     Hebrew     General Studies
- (6) Last term's Achievement Score records (if applicable).

### **THE FOLLOWING ITEMS MUST BE COMPLETED AFTER APPLICANT IS ACCEPTED:**

Forms will be forwarded to you in an envelope marked "New Student Kit" upon acceptance

- (1) Completed and up to date Medical Forms.
- (2) Completed School Transportation
- (3) MEANS OF TRANSPORTATION

School Bus District \_\_\_\_\_

Bus No. \_\_\_\_\_ Stop \_\_\_\_\_

Parent Pick-up / Car Pool / Student Walks Home

- (4) Evidence of child citizenship status (for non-U.S. Citizens).
- (5) Evidence of clearance from prior school (if applicable).
- (6) \_\_\_\_\_

### **OTHER PERTINENT INFORMATION**

#### **NSHA NON-DISCRIMINATORY ADMISSION POLICY**

- NSHA will admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.
- NSHA does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, scholarship and loan programs or any other school administered programs.

#### **NSHA IMMUNIZATION POLICY**

In order to protect the health and safety of all students and faculty, North Shore Hebrew Academy ("NSHA") is committed to compliance with New York Public Health Law § 2164. Public Health Law § 2164 generally requires students to receive and remain current with age appropriate immunizations and/or boosters for poliomyelitis, mumps, measles, diphtheria, Haemophilus influenzae type b (Hib), rubella, varicella, pertussis, tetanus, pneumococcal disease, meningococcal disease, and hepatitis B, and generally prohibits students from attending school without submitting appropriate documentation relating to these immunizations. All parents of students at NSHA are therefore expected to comply with the requirements of Public Health Law § 2164.

I agree to comply with Public Health Law § 2164 and to provide documentation concerning my child's compliance with the law on or before their first day at NSHA.

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Father's Signature

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Mother's Signature