

## **Application for Admission**

Please send this form with a check for \$100 made out to: The Hannah Senesh Community Day School

Date of Application	Application for school year		
For Grade			
Child's full name			
Child's Hebrew name:		Sex: [ ]Male [ ]I	emale
Address		Apt. #	
	State		
Telephone Number ( )			
Date of Birth	Place of Birth		
If foreign born, date of arrival in U.S			
Parent/Guardian A			
Full Name			
Relationship to Student			
Address if different from Student's			
Occupation	Employer		
Preferred Telephone ( )	Preferred E-mail Address		
Parent/Guardian B			
Full Name			
Relationship to Student			
Address if different from Student's			
Occupation	Employer		
Preferred Telephone ( )	Preferred E-mail Address_		

Siblings of applicant:			
Name	Birth date	Current School	Grade
Applicant's parent(s) is/ar	re [ ]Married [ ]Domestic Parti	ners []Separated []Divorced []Single	
	[]Father deceased []Mo	other deceased	
• If parents are separat	ed or divorced, applicant lives	with: []Mother []Father []Joint Custon	dy
Commu	nication from the school should	d be addressed to: [ ]Mother [ ]Father [	]Both
Congregation with w	hich family is affiliated if any:		
Applicant's current s	chool:		
School			
Address			
Telephone number			
Dates attended		Level(s)	
Financial Aid:			
Do you expect to apply?	Please attend to these mate	ion Form and complete instructions for appl rials in a timely fashion. We may not be able	e to honor late application
□Yes □No	A request for financial aid is	considered separately and does not influen	ce the admissions proces
$\Box$ Application Fee of \$100	), payable to Hannah Senesh Co	ommunity Day School, is enclosed	
Parent's or Guardian's Sig	gnature		2

Notice of Nondiscriminatory Policy
The Hannah Senesh Community Day School does not discriminate on the basis of race, color, national or ethnic origin, or sexual orientation in administration of its educational, admissions, and financial aid policies or any other school-administered activities and programs.