



## APPLICATION FORM

### STUDENT INFORMATION

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
What language(s) other than English is spoken at home? \_\_\_\_\_

### SCHOOL INFORMATION

Current School Program \_\_\_\_\_ Current Grade \_\_\_\_\_  
Address of Current School \_\_\_\_\_  
School Programs previously attended: \_\_\_\_\_  
Name \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

### FAMILY INFORMATION

1. Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  Alumnus/a  yes  no  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

2. Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  Alumnus/a  yes  no  
 Check here if address is the same.  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Parents Are:  Married  Single  Domestic Partners  Separated  Divorced  Remarried

If parents are separated or divorced, to whom should admissions correspondence be sent?  
Name \_\_\_\_\_

3. Siblings:  
Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

4. Synagogue Membership:  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Effective Date \_\_\_\_\_

5. Other Memberships/Participation in Jewish or Community Organizations: \_\_\_\_\_

6. Are there any special circumstances in your child's medical history, physical growth, family life, or emotional development that would be helpful for us to know?

7. Please list and include any diagnostic testing or evaluations your child has had (medical, educational, or psychological). If there are documents that you need to send us under separate cover, please address them to:

Jennifer Stam Goldberg  
Director of Admissions and Marketing  
Six Community Road  
Marblehead, MA 01945

8. What makes Cohen Hillel Academy a desirable environment for your child and family?

9. Is there anything else you would like us to know about your child?

### Other Information

How did you hear about Cohen Hillel Academy?

- Hillel Family, if so who? \_\_\_\_\_
- We are a current CHA Family                       Former CHA Student
- JCC Member     CHA Faculty or Staff Member
- Temple or Synagogue                               Preschool
- Newspaper / Magazine                               Internet
- Other: \_\_\_\_\_

### Fee Requirements

A \$100 application fee is due with this application to cover testing and screening conducted during the application process.

### Cohen Hillel Academy is handicapped accessible