Grades K – 6
APPLICATION FOR ADMISSION
2010 - 2011 School Year

Please Print or Type

Child's Name _____
First Middle Last

Address_____
City State Zip

Birthday_____ Hebrew Name_____ [ ] Boy [ ] Girl

Applying for entrance into grade K 1 2 3 4 5 6

FAMILY INFORMATION

Parent 1	Parent 2
_____	_____
Name Title	Name Title
_____	_____
Home Address (Number and Street)	Home Address (Number and Street)
_____	_____
City State ZIP	City State ZIP
_____	_____
Occupation and Position	Occupation and Position
_____	_____
Employer	Employer
_____	_____
Business Address	Business Address
_____	_____
City State Zip	City State Zip
_____	_____
Home Phone Work Phone	Home Phone Work Phone
_____	_____
Cell Phone E-mail	Cell Phone E-mail

Are parents Jewish? [ ] Both Parents [ ] Mother [ ] Father

_____To register, please return this completed application form, along with a **$75.00 NON-REFUNDABLE** application fee made payable to Hebrew Day Institute.

If my child is accepted to Hebrew Day Institute, I understand that there is a $1000 Advance Tuition Deposit to be paid within two weeks of acceptance to secure my child's place. This $1000 will be applied to my 2010 – 2011 tuition.

Signed _____ Date _____

____ Please send an application for tuition assistance.

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www.hebrewdayinstitute.org
Hebrew Day Institute is a partner agency of The Jewish Federation of Greater Washington.