



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 _____



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

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: _____



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

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

With which synagogue, if any, are you affiliated? _____

Please tell us about your Jewish and general communal affiliations (religious, educational, etc.). _____

If child, either parent, or any grandparent has been converted, please complete the following:

RELATIONSHIP	NAME	DATE OF CONVERSION			RABBI / BEIT DIN PERFORMING CONVERSION