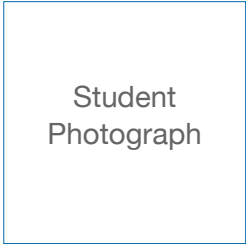


1



Hillel Torah

NORTH SUBURBAN DAY SCHOOL
בית ספר הלל תורה



Application

Application

Student Information *Please Print*

Last Name First Name Preferred Name

Male Female

Hebrew Name

Date of Birth Grade Applying For

Child adopted? Yes No Child converted? Yes No

If yes, please provide certification that the biological mother was Jewish and/or a certificate of Halachic conversion.

School Information

Current School / Program Current Grade

Address City State Zip

Current Teacher

Name of Principal / Head of School School Phone Number

School / Programs Previously Attended Dates Attended

Camps / Summer Programs Attended Dates Attended

2

Family Information

Father / Guardian Name

Dr. | Mr. | Rabbi

| | |
|------------|-----------|
| First Name | Last Name |
|------------|-----------|

| |
|-------------------------|
| Relationship to Student |
|-------------------------|

| |
|-------------|
| Hebrew Name |
|-------------|

| |
|--------------|
| Home Address |
|--------------|

| | | | | |
|------|-----|----|-------|-----|
| City | Yes | No | State | Zip |
|------|-----|----|-------|-----|

| | |
|----------------------|------|
| Hillel Torah Alumnus | Year |
|----------------------|------|

| |
|-------------------|
| Home Phone Number |
|-------------------|

| |
|-------------------|
| Work Phone Number |
|-------------------|

| |
|-------------------|
| Cell Phone Number |
|-------------------|

| |
|--------|
| E-mail |
|--------|

| |
|----------|
| Employer |
|----------|

| |
|------------|
| Occupation |
|------------|

| |
|------------------|
| Employer Address |
|------------------|

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

| | | |
|--|-----|----|
| Is applicant's father Jewish by birth? | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| Is applicant's paternal grandmother Jewish by birth? | Yes | No |
|--|-----|----|

If not, please provide certificate of Halachic conversion

| | | |
|-----------|----------|-----------|
| Father is | Married | Separated |
| | Divorced | Widowed |

| | | |
|------------------|-----|----|
| Father Remarried | Yes | No |
|------------------|-----|----|

| |
|---|
| If Father is remarried, name of Step Parent |
|---|

Mother / Guardian Name

Dr. | Mrs. | Ms.

| | |
|------------|-----------|
| First Name | Last Name |
|------------|-----------|

| |
|-------------------------|
| Relationship to Student |
|-------------------------|

| |
|-------------|
| Hebrew Name |
|-------------|

| |
|--------------|
| Home Address |
|--------------|

| | | | | |
|------|-----|----|-------|-----|
| City | Yes | No | State | Zip |
|------|-----|----|-------|-----|

| | |
|----------------------|------|
| Hillel Torah Alumnus | Year |
|----------------------|------|

| |
|-------------------|
| Home Phone Number |
|-------------------|

| |
|-------------------|
| Work Phone Number |
|-------------------|

| |
|-------------------|
| Cell Phone Number |
|-------------------|

| |
|--------|
| E-mail |
|--------|

| |
|----------|
| Employer |
|----------|

| |
|------------|
| Occupation |
|------------|

| |
|------------------|
| Employer Address |
|------------------|

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

| | | |
|--|-----|----|
| Is applicant's mother Jewish by birth? | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| Is applicant's maternal grandmother Jewish by birth? | Yes | No |
|--|-----|----|

If not, please provide certificate of Halachic conversion

| | | |
|-----------|----------|-----------|
| Mother is | Married | Separated |
| | Divorced | Widowed |

| | | |
|------------------|-----|----|
| Mother Remarried | Yes | No |
|------------------|-----|----|

| |
|---|
| If Mother is remarried, name of Step Parent |
|---|

If parents are divorced or separated who is the custodial parent?

- Applicant's Mother
 Applicant's Father
 There is joint custody

Please provide appropriate legal documentation to support custodial agreements.

Application

3

Application

Applicants Paternal Grandparents

Dr. | Mr. | Rabbi

First Name

Last Name

Dr. | Mrs. | Ms.

First Name

Last Name

Home Address

City

State

Zip

Home Phone Number

E-mail

Applicants Maternal Grandparents

Dr. | Mr. | Rabbi

First Name

Last Name

Dr. | Mrs. | Ms.

First Name

Last Name

Home Address

City

State

Zip

Home Phone Number

E-mail

Siblings / Other Children In The Family

Name

Age

Current School / Program

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Alumni Relationships

Family members who have attended Hillel Torah

Year Graduated

Relationship

| | | |
|--|--|--|
| | | |
| | | |

Synagogue Membership

Name of Synagogue

Phone Number

Name of Rabbi

Name of Synagogue

Phone Number

Name of Rabbi

Signatures**X**

Parent / Guardian's Signature

Date

X

Parent / Guardian's Signature

Date

Tuition assistance is awarded on the basis of need.

All applications are considered for admission independent of a request for tuition assistance.

For More Information**Admissions Office – Hillel Torah North Suburban Day School**

7120 N. Laramie | Skokie, IL 60077

phone: (847) 674-6533 | fax: (847) 674-8313

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