



Hillel Academy Student Application

Hillel Academy of Pittsburgh
5685 Beacon St
Pittsburgh, PA 15217
www.hillelpgh.org
412-521-8131

Today's Date _____

Applying for Grade _____

Applicant's Name _____ Hebrew Name _____

Birthdate ____ / ____ / ____

Gender: M _____ F _____ Beginning: August _____ Other _____

Birthplace _____

Current School / Preschool _____

Dates of Attendance _____

Address of Current School _____

School Phone Number _____ Principal / Head _____

Was applicant adopted? _____

If you answered yes, please provide appropriate adoption and conversion documentation.

Schools previously attended, if applicable:

School _____ Dates _____

School _____ Dates _____

Parent Name _____ Title _____

Parent Name _____ Title _____

Hebrew Name _____

Hebrew Name _____

Address _____

Address _____

Phone (Home) _____

Phone (Home) _____

(Cell) _____ (Work) _____

(Cell) _____ (Work) _____

E-mail _____

E-mail _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Synagogue affiliation _____

Synagogue affiliation _____

Parents are (check if applicable):

Married _____ Mother Remarried _____

Father Deceased _____

Separated _____ Father Remarried _____

Mother Deceased _____

Divorced _____ Mother Deceased _____

Other _____

Legal Guardian _____

Name of Step Parent(s) _____

(Please provide appropriate documentation)

Mother: Jewish by Birth / Conversion _____ Date of conversion _____

Conversion performed by Rabbi _____ Phone number _____

Father: Jewish by Birth / Conversion _____ Date of conversion _____

Conversion performed by Rabbi _____ Phone number _____

(Please provide appropriate documentation)

To whom should admissions correspondence be sent?

Name _____

Address _____

Siblings (who are not currently enrolled in/alumni of Hillel Academy):

Name _____	Birthdate _____ / _____ / _____	Current School _____
Name _____	Birthdate _____ / _____ / _____	Current School _____
Name _____	Birthdate _____ / _____ / _____	Current School _____

Grandparents:

Maternal _____	Paternal _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____

How did you hear about Hillel Academy?

Please list any relatives who have attended Hillel Academy:

Name _____	Year graduated _____	Relationship _____
Name _____	Year graduated _____	Relationship _____

Applicant information:

- 1) How would you describe your child's personality? Describe any characteristics you'd like us to know about.

- 2) Please describe any special interests or talents your child has in athletics, the visual and/or performing arts, or volunteerism, if applicable.

- 3) Does your child have any special needs (learning disability, giftedness, physical disability) we should know about?

- 4) Please indicate your reasons for considering Hillel Academy for your child.

- 5) Describe the educational environment you are seeking for your child.

By signing this application you are authorizing Hillel Academy to contact your child's current school for student records.

Parent/Guardian Signature _____	Parent/Guardian Signature _____
Date _____	Date _____

In addition to this application, please make sure to submit the following items to the admissions office:

- | | | |
|---|---|---|
| <input type="checkbox"/> \$125 application fee (non-refundable) | <input type="checkbox"/> A copy of your child's birth certificate | <input type="checkbox"/> A recent digital photo of your child |
| <input type="checkbox"/> Transcript (grades 1-12) | <input type="checkbox"/> Teacher recommendation (grades N-12) | <input type="checkbox"/> Tuition worksheet (early childhood) |
| <input type="checkbox"/> Extended day forms (if applicable) | <input type="checkbox"/> Medical report and immunization records | |

If you have any further questions please contact the Hillel Academy office at (412) 521-8131 or email admissions@hillelphg.org