



Student Information

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Beginners (must be 2 by September 1 of school year) | M-F | MWF | 9-3 | 9-12 |
| <input type="checkbox"/> Intermediate (must be 3 by September 1 of school year) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pre-Kindergarten (must be 4 by September 1 of school year - 5 full days only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Transitional Kindergarten/Gesher (must be 4 ½ by September 1 of school year - 5 full days only) | | | | |

For September of (year): _____

Full Legal Name of Applicant _____ M F
Last First Middle

Home Address: _____ Telephone: _____
Street City Zip

Date of Birth: _____ Birthplace: _____
City, State/Country

If not born in the United States, date of arrival in the United States: _____

Family Information

Parent or Guardian A

Parent or Guardian B

Name: _____

Relationship to Student: _____

Home Address: _____

City, State, Zip: _____

Home Telephone: _____

Mobile Telephone: _____

E-mail Address: _____

Occupation: _____

Employer: _____

Business Telephone: _____

Business Address: _____

City, State, Zip: _____

Marital Status: _____

Applicant lives with: _____

Student's Name: _____

School History

Please include name of schools, preschools etc. attended by the student.

School Name:	Dates Attended:	Telephone:
Current: _____	_____	_____
Previous: _____	_____	_____
Previous: _____	_____	_____

Questions

Please list any siblings NOT currently enrolled at Kadima Day School.

Name:	Gender:	Date of Birth:	Present School/Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any relatives who currently attend or who have graduated from Kadima Hebrew Academy.

Name:	Relationship:	Dates of Attendance/Graduation Year:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Language(s) spoken at home: _____
Current synagogue affiliation(s): _____
How did you hear about Kadima? _____

Signature

Please submit this completed form application with a \$100.00 non-refundable processing fee (payable to Kadima Day School).

I/We certify that the information provided on this form is true and accurate.

_____ Signature of Parent/Guardian A	_____ Relationship to Student	_____ Date
_____ Signature of Parent/Guardian B	_____ Relationship to Student	_____ Date

For office use only Date received: _____ Check # _____

Kadima Day School is a non-profit educational institution that does not discriminate on the basis of race, color, nationality, or ethnic origin in student admission policies.