

HOCHBERG PREPARATORY

A David Posnack Jewish Day School

APPLICATION FOR ADMISSION - EAST CAMPUS

Date _____ Grade for which student is applying _____

First Name _____ Middle Initial _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ M F
Gender _____ Age _____ DOB _____ SS# _____

Current Grade _____ Current School Name/Phone Number _____ Date Entered Current School _____

Current School Address _____

Please note that the school does not issue I-20 Visas.

PREVIOUS SCHOOL(S) ATTENDED

Name _____ From _____ To _____

Name _____ From _____ To _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name #1 _____

Parent/Guardian Name #2 _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Cell _____

Cell _____

Email _____

Email _____

Is Parent #1 Jewish? Yes No

Is Parent #2 Jewish? Yes No

Synagogue affiliation _____

Synagogue affiliation _____

Will you be applying for financial assistance? Yes No

What is the primary language spoken at home: _____

Does the applicant speak Hebrew? Yes No

Read Hebrew? Yes No

Write Hebrew? Yes No

Has the applicant skipped a grade? Yes No If so, which grade: _____

Has the applicant repeated a grade? Yes No If so, which grade: _____

Has applicant been on probation, suspended, dismissed, or withdrawn from any other school? Yes No

If yes, please submit relevant details on a separate paper.

Has the applicant had any formal academic evaluation and/or psychological testing? Yes No

If yes, a copy of the evaluation is required with this application.

Has the applicant ever been tested for:

Speech/Language/Hearing Yes No

Learning Disability Yes No

Occupational Therapy Yes No

Physical Therapy Yes No

Social/Emotional Difficulty Yes No

At the present time is the applicant currently receiving counseling or therapy for any of the above? Yes No

MEDICAL INFORMATION:

Does the applicant have any medical or physical limitations? Yes No

Does the applicant take any medications on a regular basis? Yes No

Does the applicant have any allergies? Yes No

If yes, please explain:

How did you hear about us? _____

Has either parent ever attended a Jewish Day School? Yes No

If yes, please provide name, city and state _____

- Please complete this application carefully and return it to the Admissions Department with a check payable to Hochberg Preparatory School, a David Posnack Jewish Day School, for the non-refundable application and testing fee of \$250.
- All applicants must submit a copy of a birth certificate or passport with this application.
- Applicants born outside the U.S. must provide a copy of Legal Residence Status / Visa.
- Your signature verifies that the information in this application and any information provided in separate documents are true and correct. Any false, inaccurate, or omitted information will result in your child's dismissal from Hochberg Preparatory School, a David Posnack Jewish Day School.
- We authorize the release of our child's records and other documents from the appropriate sources. We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Hochberg Preparatory School, a David Posnack Jewish Day School for admission purposes.

Non Discrimination Policy

Hochberg Preparatory School, a David Posnack Jewish Day School, does not discriminate on the basis of gender, race, color, sexual orientation national or ethnic origin in the administration of its educational policies, admissions policies, financial aid and loan programs, activities or other school administered programs. This policy of non discrimination does not affect the school's mission of providing a Jewish religious education to its students and its policy of accepting Jewish students.

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Signature

Date

If paying application and testing fee with credit card, please complete the following information:

Name on Card _____ Card Number _____

Exp. Date _____ Security Code _____

Address if different from billing address:

I authorize Hochberg Preparatory School, a David Posnack Jewish Day School, to charge my credit card \$250

Signature _____

FOR OFFICE USE ONLY

Application received / / Application Fee

Check# _____ CC _____ Cash _____ Amount \$ _____



K-12 COLLEGE PREPARATORY SCHOOL

Main Campus (K-12)

5810 South Pine Island Road • Davie, Florida 33328
954-583-6100 ext. 641 • www.posnackschool.org

Hochberg Preparatory, a David Posnack Jewish Day School (K-5)

20350 Northeast 26th Avenue • Miami, Florida 33180
305-933-6946 ext. 7825 • www.hochbergprep.org

CEEBCode:101532