



ADMISSION APPLICATION

Part A:

To be completed by parent/guardian

Student Information

Candidate for Grade _____ for School Year Beginning _____

Full Legal Name _____ Prefers to be called _____

Address _____ Hebrew Name _____

City _____ State _____ Zip _____ Gender: Female Male

Home Phone _____ Cell Phone _____ Date of Birth _____

E-mail Address _____

Education:

Current School _____ Current Grade _____

School Phone _____ Years Attended _____

School Address _____

Please list other schools attended with the most recent first:

Name of School	Grades attended
_____	_____
_____	_____
_____	_____
_____	_____

Siblings:

Name	Age	Grade	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Information

Parent/Guardian A:

Name (Mr./Mrs./Ms./Dr./Rabbi)

Address (if different from student) _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail _____

Occupation _____

Employer _____

Congregational Affiliation _____

Rabbi's Name _____

Are you a convert to Judaism? Yes No

If so, please supply copies of conversion documents along with this application.

Check any that apply: Student's father is deceased

Student's mother is deceased

Parent/Guardian B:

Name (Mr./Mrs./Ms./Dr./Rabbi)

Address (if different from student) _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail _____

Occupation _____

Employer _____

Congregational Affiliation _____

Rabbi's Name _____

Are you a convert to Judaism? Yes No

Student's parents are divorced

Student's parents are separated

Does the applicant live with others not already noted in this application? If so, please list their names and their relationships with the applicant. _____

If you plan to apply for financial aid, please visit <http://www.online.factsmgt.com> to apply online.

Financial aid applications are due March 31.

Thank you for applying to the Hebrew High School of New England.

Please do not forget to enclose the \$75 application fee; checks may be made out to 'HHNE.'

Additional Information

To date, my child's most significant academic success has been _____

To date, my child's most significant academic challenge has been _____

The most significant factors or influences that have shaped my child thus far include _____

My child's favorite teacher is one who _____

In a group of friends, my child usually plays the role of _____

Has your child ever been suspended or expelled from school? No Yes (*If yes, please explain below.*)

Describe any special circumstances that have affected your child's performance in school. _____

Parental Perspective

The Admission Committee values the insights parents/guardians have of their children. These comments provide important information about your child that enables the Committee to know him/her better. We are primarily interested in whatever you think is important for us to know about your child. Please attach additional pages if your comments exceed the limits of the space provided.

Parent/Guardian Signature _____ Date _____

*Mail completed application, together
with the \$75 fee, to:*

Hebrew High School of New England
Attn: Admissions
300 Bloomfield Avenue
West Hartford, CT 06117

Application Deadline: March 31st

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