HJMS
HAMILTON JEWISH MIDDLE SCHOOL

INFORMATION FORM FOR NEW STUDENT APPLICANTS

Hamilton Hebrew Academy / Hamilton Jewish Middle School (2011/12)

Child's Last Name _____ First and Middle _____

Hebrew Name (if applicable) _____

Address _____

Child's Date of Birth _____ Child's Place of Birth _____

Previous Education (Name of School):

Hebrew _____ Grades _____

Secular _____ Grades _____

Father/Male Guardian's Information: **Mother/Female Guardian's Information:**

First Name _____ First Name _____

Last Name _____ _____ Last Name _____

Place of Birth _____ Place of Birth _____

Born Jewish? ☐ *Yes* ☐ *No* Born Jewish? ☐ *Yes* ☐ *No*

Is the child: ☐ *Born to above parents* ☐ *Adopted* ☐ *Other*_____

Marital Status of Parents: ☐ *Married* ☐ *Divorced* ☐ *Other*

If parents are divorced please describe type of custody:

☐ *Joint* ☐ *Mother Sole Custody* ☐ *Father Sole Custody* ☐ *Other*

Please indicate the names of any step parents: _____

Synagogue Affiliation (if applicable) _____

List of Brothers and Sisters of Student:

First Name _____ Date of Birth _____ School Attending _____

First Name _____ Date of Birth _____ School Attending _____

First Name _____ Date of Birth _____ School Attending _____

First Name _____ Date of Birth _____ School Attending _____

_____ _____ _____

Date *Name of Parent or Guardian* *Signature of Parent or Guardian*