

HILLEL ACADEMY OF BROOME COUNTY  
4737 DEERFIELD PLACE  
VESTAL, NY 13850

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## Registration Application

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_  
*First Middle Last*

Address \_\_\_\_\_  
*Number & Street City/town Zip*

Phone \_\_\_\_\_ Home Fax \_\_\_\_\_ Family e-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*Month/Day/Year City/State/Country (if not USA)*

Hebrew Name \_\_\_\_\_ Synagogue Affiliation \_\_\_\_\_

**List all educational institutions previously attended:**

<i>Name of school</i>	<i>city</i>	<i>years attended</i>	<i>grade completed</i>

**List all other minor children living in the same household:**

<i>Name</i>	<i>Date of Birth</i>	<i>Grade</i>	<i>School Attending</i>

**Parental or Guardian Information**

Father's/Guardian's Name \_\_\_\_\_ Hebrew Name (if known) \_\_\_\_\_  
*Title First Middle Last*

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Hebrew Name (if known) \_\_\_\_\_  
*Title First Middle Last*

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parental/Guardian Jewish and General educational background:**

Father/Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

**Parental/Guardian affiliations with Jewish and General communal organizations:**

Father/Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

**Parent's/Guardian's special skills that you may wish to volunteer to the school**

*(fundraising, teaching, etc.)*

Father/Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

**If father \_\_\_ or mother \_\_\_ does not reside in the same household as student, please complete:**

Address \_\_\_\_\_  
*Number & Street City/town Zip*

Phone \_\_\_\_\_ Home Fax \_\_\_\_\_ Family e-mail \_\_\_\_\_

**Grandparents: Please allow us to keep them updated about school activities**

Maternal grandparent(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Paternal grandparent(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Other Information**

Languages, other than English, in which the student is proficient \_\_\_\_\_

Please list any special concerns you have about the student \_\_\_\_\_

If the student has undergone any psychological or educational testing, please check \_\_\_ and submit any written reports.

**DECLARATIONS AND SIGNATURE**

I hereby allow my child, named above, to participate in school field trips. In event of a medical emergency, the school will use all reasonable means to contact me prior to rendering any medical treatment. If I cannot be contacted, I authorize the school and its representatives to obtain the best medical care available for my child and I assume financial responsibility of such treatment. Furthermore, I accept full financial responsibility for any and all costs incurred as the direct result of the student's attendance at Hillel Academy. I furthermore grant permission to Hillel Academy to use the student's image, and identification by name, in its publications, marketing literature, advertisements or press releases or any other non-commercial applications.

Signature \_\_\_\_\_ relationship to student \_\_\_\_\_ date \_\_\_\_\_

*Please enclose your non-refundable registration fee with this form.*