

Cincinnati Hebrew Day School  
Samuel and Rachel Boymel Campus  
2222 Losantiville Road  
Cincinnati, Ohio 45237  
(513)-351-7777 (513)-351-7794 (FAX)

**APPLICATION FOR ADMISSION – SCHOOL YEAR \_\_\_\_\_**  
**COPY OF BIRTH CERTIFICATE MUST BE SUBMITTED**

APPLICANT'S NAME \_\_\_\_\_  
Last First Middle

Hebrew Name \_\_\_\_\_  
Middle First

If you want your child to be called by a nickname, please print the name clearly \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

MOTHER CELL PHONE \_\_\_\_\_

FATHER CELL PHONE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH: (English) \_\_\_\_\_

(Hebrew) \_\_\_\_\_

Application is for: (check appropriate lines)

\_\_\_\_ **Nursery (three-year-old) 8:45 – 12:45**

PLEASE CHECK IF APPLICABLE

\_\_\_\_ Extended Option 1 12:45 – 2:30

\_\_\_\_ Extended Option 2 12:45 – 4:00

(Availability based on interest)

\_\_\_\_ **Kindergarten 8:45 – 2:30**

PLEASE CHECK IF APPLICABLE

\_\_\_\_ Extended Option 1 2:30 – 4:00

(Availability based on interest)

\_\_\_\_ **Pre-kindergaren (four-year-old) 8:45 – 2:30**

PLEASE CHECK IF APPLICABLE

\_\_\_\_ Extended Option 1 2:30 – 4:00

(Availability based on interest)

\_\_\_\_ **Grade** (Please indicate grade level)

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Mother's Mother's Hebrew Name \_\_\_\_\_

\_\_\_\_ natural parent \_\_\_\_ other

\_\_\_\_ natural parent \_\_\_\_ other

Are parents divorced or separated? \_\_\_\_\_

If yes, who has custody? \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS TELEPHONE NO. \_\_\_\_\_

BUSINESS TELEPHONE NO. \_\_\_\_\_

If either parent has address other than that listed above or if child lives primarily with one parent or guardian, please explain arrangement.

\_\_\_\_\_  
\_\_\_\_\_

LIST OTHER MEMBERS OF FAMILY

NAME                                      AGE                                      SCHOOL ATTENDING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If mother was not born of a Jewish mother, please supply conversion information.

\_\_\_\_\_  
\_\_\_\_\_

If child has been adopted, please supply conversion information where applicable.

\_\_\_\_\_  
\_\_\_\_\_

NAME AND ADDRESS OF GRANDPARENTS

MATERNAL \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PATERNAL \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST GREAT-GRANDPARENTS:

\_\_\_\_\_

APPLICANT'S PREVIOUS EDUCATION

GENERAL EDUCATION

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Last grade attended \_\_\_\_\_

JUDAIC EDUCATION

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Last grade attended \_\_\_\_\_

MEDICAL HISTORY

Special information to be brought to school's attention (learning problems, allergies – food or others, special interests, etc.) If medication is to be dispensed on a daily basis a signed doctor's order must be submitted to school.

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SYNAGOGUE AFFILIATION \_\_\_\_\_

COMPLETED MEDICAL FORMS ARE REQUIRED BY THE STATE OF OHIO BEFORE ANY STUDENT MAY ATTEND SCHOOL (SEE ATTACHED PHYSICIAN'S REPORT)

THE EDUCATION PROGRAM AT CINCINNATI HEBREW DAY SCHOOL IS PROVIDED WITHOUT DISCRIMINATIONS ON THE BASIS OF RACE, COLOR, SEX, AND NATIONAL ORIGIN.

DATE OF APPLICATION \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ (father)

\_\_\_\_\_ (mother)