



Charlotte Jewish Day School

5007 Providence Rd. Building E Suite 110 Charlotte, NC 28226 704-366-4558

STUDENT AND FAMILY INFORMATION

Please complete this application in full and return with the non-refundable application fee of \$100.

DATE _____ MONTH AND YEAR STUDENT WILL ENTER _____ GRADE _____

I. Student Information:

Student's Last Name	First	Middle	Nickname
Student's Hebrew Name	Student's Hebrew Birthday (if known)		Sex
Address	City	State	Zip
Home Phone Number	Home Fax Number	Home E-mail (parents)	
Student's Birthday	Time of Day Born (for Hebrew birthday)	Place of Birth (for Hebrew birthday)	
Student's Current School	Address		

II. Parent Information:

Full Names of Parent(s)/Guardian(s)		
Parent(Guardian) #1's Occupation	Place of Business	
Parent (Guardian) #1's Preferred Phone	Parent (Guardian) #1's E-mail	Parent (Guardian) #1's Mobile Phone/Pager
Parent (Guardian) #2's Occupation	Place of Business	
Parent (Guardian) #2's Preferred Phone	Parent (Guardian) #2's E-mail	Parent (Guardian) #2's Mobile Phone/Pager
Are parents divorced ____ or separated ____? If so, person(s) with legal custody _____		

III. Correspondence: All school correspondence, such as information and bills, will be sent to the address where the student resides (as indicated in Section I). If you have an exception, please list information below:

Full Name of Person(s) to Receive Correspondence	Relationship to Student		
Address	City	State	Zip
Home Phone	Business Phone		Continue reverse side.

IV. Religious Background: Check one

One parent was born or converted to the Jewish faith.

Both parents were born or converted to the Jewish faith.

Temple Affiliation _____

V. Siblings: Include names and ages.

Any additional information you would like to share with us:

The information on this form is true and correct to the best of my knowledge.

Signature

Date