

**STUDENT AND FAMILY INFORMATION**

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

Date: \_\_\_\_\_ Month and Year Student will enroll \_\_\_\_\_ Grade \_\_\_\_\_

My child had a psychological, educational, occupational or speech therapy evaluation in the past three years:

NO       YES (If so....copies must be submitted to CJDS to be considered for admissions or re-enrollment)

**I. Student Information—please print**

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Student's Last Name	First Name	Middle Name	Goes by
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Student's Hebrew Name	Student's Hebrew Birthday (if known)	Sex
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Primary address where student resides:	City	State	Zip Code
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Home Phone Number	Home Email Address
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Student's Date of Birth	Time of Day Born (for Hebrew Birthday calculation)	Place of Birth (for Hebrew Birthday calculation)
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Student's Current School	Address
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**II. Parent Information**

<p>_____ Name of father / Guardian #1</p> <p>_____ Address is different than above</p> <p>Home Phone _____</p> <p>Work Phone _____</p> <p>Cell Phone _____</p> <p>_____ Occupation                  Place of Business</p> <p>_____ Email address</p>	<p>_____ Name of mother / Guardian #2</p> <p>_____ Address is different than above</p> <p>Home Phone _____</p> <p>Work Phone _____</p> <p>Cell Phone _____</p> <p>_____ Occupation                  Place of Business</p> <p>_____ Email address</p>
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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 Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. **Who may we thank for referring you?** \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_