ADMISSION APPLICATION KINDERGARTEN – GRADE 12



2014-2015 5774 - 5775

Melvin J. Berman Hebrew Academy

Please attach 2 photos of student

Harry A. Epstein Campus + 13300 Arctic Avenue + Rockville, MD 20853 301-962-9400 + Fax 301-962-3991 + <u>www.mjbha.org</u>

Application for Admission 2014 – 2015 (K – 12)

Please submit a \$50 fee with application.

Candidate				
Name				
last	first	preferred name	e Hebrew name	M / F
Address			Home phone	
stre	et city	state	zip	
	AgeCount	try of birth	Country of citizenship	
Social Security #	Lang	uage spoken at home	2	
If foreign born, indica	ate visa status and attach copy (required before inte	rview)	
Please check approp	riate box below.			
	Kindergarten	8:15 am – 3:30) pm - Must reach 5 th birthda	y by 9/1/14
	Lower School (1-5)	8:15 am – 3:30	pm entering grade	-
	Middle School (6-8)	8:15 am – 4:30) pm entering grade	_
	Upper School (9-12)	8:15 am – 5:30) pm entering grade	
	Day Care (K – grade 5)	Home	work Hour (grades 1 -5)	
	3:30 -4:30	3:3	60 - 4:30	
	4:30 - 5:30			

School Information

Current/Previous Schools

School name date	es attended current/last gra	de completed	contact person So	chool phone #
Family				
Father's full name (Dr/Mr/Rabbi)		Hebrew name		
Address (if different from candidates	street	city	state	zip
Home phone	Cell phone	•	E-mail	_
Occupation			_	
Mother's full name (Dr/Mrs/Ms)	Hebrew name		
Address (if different from candidate's	s)			
Home phone	street Cell phone	city	state E-mail	zip
		E-mail(print clearly) Business phone		
Child lives with Both parents	Mother	Father	Other	
If mother and father have differ	ent addresses, please asterisk p	rimary address.		
Has either parent or applicant u conversion and the rabbi or rabl			1	
Please indicate any special fami arrangements, etc. Include all n				
Synagogue affiliation		_ Rabbi's name		
Parents' educational backgroun Father	d. Describe your general and Je	wish educational	backgrounds and any de Mother	grees earned.

Other Children in Family

Name	School now attending	Age		
Grandparents				
<u>Name</u>	Address (street, city, state, zip)	Phone #		
Please list names of fa	mily members who have been students at the Berman I	Hebrew Academy.		
Name	Relationship	Years attended		
Has your child ever uyesnoyesno	ndergone a psycho-educational evaluation? If yes, please include a copy of the report. Has your child ever been assessed by Montgomery C	County Infants and Toddlers or Child		
Is there any medical, p	physical, or other condition which the school should be Please explain.	aware of to best assist the student?		
To help us know your and/or achievements.	child better, additional comments are welcomed regar	ding his/her interests, hobbies, talents,		
_	ipt release form and the recommendation forms to your chi			
and hereby apply for are only refundable u	d the application, read the "Terms and Conditions of Final End of the MJBHA. Please note registration fees until June 30 if family relocates outside the greater Wangletion of the application process, MJBHA will notify the second of the application process.	are not refundable. Tuition deposits shington area. We understand that		
-	natureDate			
Father's Signature	Date			