



Hillel Community Day School
191 Fairfield Drive
Rochester • New York • 14620
Tel: 585-271-6877 Fax: 585.473.8039
www.hillelschool.org

Full Day Kindergarten through Eighth Grade



Re-Enrollment Application

Grade: ____ in Academic Year 20__ - 20__

For Office Use Only:

DATE RECEIVED: _____ DEPOSIT: _____
STUDENT I.D. _____

PERSONAL INFORMATION

Student's Legal Name: _____ Gender: _____
FIRST MIDDLE LAST

Preferred First Name: _____ Hebrew Name: _____ Birth date: ____/____/____ Age: ____
(IF KNOWN)

Address: _____ Home Phone: () _____
STREET ADDRESS CITY STATE ZIP

Home School District: _____

OTHER CHILDREN IN THE FAMILY:

Sibling Name	Birth Date & Year	Current School/Daycare
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Other family members who attended Hillel Community Day School: (Please list name, relationship to student and years attended)

(PLEASE CONTINUE ON BACK)

STUDENT'S EDUCATIONAL NEEDS

Does your child have an Individualized Educational Plan ("IEP")? ☐ No ☐ Yes

Does your child have a 504 Plan? ☐ No ☐ Yes

Has your child received any type of assistance or counseling outside of the classroom? ☐ No ☐ Yes

If yes, please indicate the nature of any special needs or learning challenges: _____

Are there any medical facts that we should know about that will help us meet your child's needs (such as chronic health issues, physical accommodations, treatment for emotional concerns)? If yes, please indicate how you and the student's current school have provided support: _____

Please select your Tuition preference below and once your application is approved, we can create your tuition agreement (See Tuition Schedule Document Enclosed).

1 Standard Tuition ☐ **2** Tiered Tuition ☐ **3** Financial Assistance ☐

Please select your Bingo preference (See Tuition Schedule for Bingo details).

No Bingo ☐ "Opt-in" One monthly shift ☐ "Opt-in" Two monthly shifts ☐

I/We agree that the information provided is accurate to the best of my/our ability.

Parent/Guardian: _____ Date: _____
PRINT SIGNATURE

Parent/Guardian: _____ Date: _____
PRINT SIGNATURE

☐ **Return your signed Tuition Agreement for Standard Tuition, or submit your financial information for Tiered Tuition or Financial Assistance, by February 28th, 2017 and receive a \$300 credit towards your Tuition.**

☐ **Deposit enclosed. Included is a \$300.00 non-refundable deposit, and indicate method of payment below. Checks should be made payable to "Hillel Community Day School". This deposit is applicable to tuition. (For families waiting for Financial Assistance letters to make their final decision, there will be a 10 day grace period after the letter offer when the \$300 deposit is refundable).**

Method of Payment: ☐ Check ☐ CC Type & #: _____ Exp: _____ CCV: _____

Key factors influencing your re-enrollment to Hillel Community Day School: (Please mark all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Dedication to Judaism | <input type="checkbox"/> Hebrew Language | <input type="checkbox"/> Uniquely Integrated Curriculum | <input type="checkbox"/> Close-Knit Community |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Class Size & Individual Attention | <input type="checkbox"/> Differentiated Learning | <input type="checkbox"/> Music & Arts Program |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Math & Science program | <input type="checkbox"/> Facilities | <input type="checkbox"/> Reputation |
| <input type="checkbox"/> Other _____ | | | |

Please return to:
Hillel Community Day School
Attn: Re-Enrollment
191 Fairfield Drive
Rochester, NY 14620