בס"ד

APPLICANT NAME _____

Early Childhood
2019-2020
Application Form

MARGOLIN HEBREW ACADEMY
FEINSTONE YESHIVA OF THE SOUTH

To EMPOWER and INSPIRE

Instructions and Pertinent Information

This application is a request for admission for new students only. It becomes binding upon the parents and the school only when the applicant has been formally accepted, a registration packet has been completed and returned, and a tuition agreement has been signed.

- An application form should be completed for each student. Please fill out the application completely and print clearly.
- An **application fee** of $110 per child must accompany this application (max. $220 per family). This fee is non-refundable.
- There is an application checklist provided for your convenience on Page 15. Please use this checklist as a guide to ensure that your application is complete and all required documents are included. Disregard any missing pages - they are pertinent only for students applying to Grades 1 - 12.

All applications and correspondence should be mailed to:

Office of Admissions
390 S. White Station Road
Memphis, TN 38117
901.682.2400, ext. 223
erica.stoltz@mhafyos.org

(1) APPLICANT

(Please print)

Applicant's Name _____
Last First Middle

Full Hebrew name _____

Applying for grade _____ Gender: ◯ Male ◯ Female Social security number _____ - ____ - _____

Date of birth ____ /____ /_____ Hebrew date of birth _____ Place of birth _____

Age _____ Current School _____ Current Grade _____

School address _____ School phone _____

_

(2) PARENT(S) FAMILY INFORMATION

FATHER
◯ Dr. ◯ Mr. ◯ Rabbi

_____
Last First Middle

Home address _____

City _____ State _____ ZIP _____

Home phone _____

E-mail _____

Occupation/Position _____

Name of employer _____

Business address _____

City _____ State _____ ZIP _____

Business phone _____ Ext _____

Cellular phone _____

MOTHER
◯ Dr. ◯ Mrs. ◯ Ms.

_____
Last First Middle

Home address _____

City _____ State _____ ZIP _____

Home phone _____

E-mail _____

Occupation/Position _____

Name of employer _____

Business address _____

City _____ State _____ ZIP _____

Business phone _____ Ext _____

Cellular phone _____

(3) SIBLING(S)

Name _____ Age _____

Current School _____ Current grade _____

Name _____ Age _____

Current School _____ Current grade _____

Name _____ Age _____

Current School _____ Current grade _____

Name _____ Age _____

Current School _____ Current grade _____

(4) GRANDPARENT(S)

Name of paternal grandfather _____

◯ Grandfather deceased Address (if living) _____

City _____ State _____ ZIP _____ Phone _____

Grandfather e-mail: _____

Name of paternal grandmother_____

◯ Grandmother deceased Address (if living) _____

City _____ State _____ ZIP _____ Phone _____

Grandmother e-mail: _____

Name of maternal grandfather _____

◯ Grandfather deceased Address (if living) _____

City _____ State _____ ZIP _____ Phone _____

Grandfather e-mail: _____

Name of maternal grandmother_____

◯ Grandmother deceased Address (if living) _____

City _____ State _____ ZIP _____ Phone _____

Grandmother e-mail: _____

(5)MISCELLANEOUS INFORMATION

(a) Applicant's parent(s) are currently married: ◯ Yes – go to question (i)
◯ No – go to question (b)

(b) Applicant's parent(s) are: ◯ Separated ◯ Divorced ◯ Father deceased ◯ Mother deceased

(c) If parent(s) are divorced or deceased: ◯ Father remarried ◯ Mother remarried

(d) Name of step-parent: _____

(e) Name and address to which school information (e.g. flyers, report cards) should be sent:

Name _____

Street address _____

City _____ State _____ ZIP _____ Phone _____

(f) Name and address to which school billing information should be sent: ◯ Check here if same as above.

Name _____

Street address _____

City _____ State _____ ZIP _____ Phone _____

(g) Applicant lives with: ◉ Mother – go to question (i)
◯ Father – go to question (i)
◯ Other legal guardian – go to question (h)

(h) If living with a legal guardian:

Legal guardian name _____ Relationship to applicant _____

Street address _____

City _____ State _____ ZIP _____ Phone _____

(i) Are you applying for financial aid? ◯ Yes ◯ No

(j) How did you learn about Margolin Hebrew Academy / Feinstone Yeshiva of the South? _____

_____

_____

_____

(6) PERTINENT JEWISH INFORMATION

(a) Synagogue affiliation: _____

(b) Please include any information about any family member(s) having undergone conversion (self, spouse, parent, child, etc.).

_____

_____

_____

(c) Please list any Jewish organizations with which you are affiliated. _____

_____

(d) Please list any Jewish camps that the applicant attended this past summer:

_____

(e) Additional information you would like us to know about you, your child, or your family.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(7) PREVIOUS SCHOOL INFORMATION

Please list the school(s) that your child has attended in the past.

Name of school	From date	To date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

(8) APPLICANT PERSONAL INFORMATION

(Please print)

Applicant's Name _____
Last First Middle

(a) Are there any physical or emotional impairments of which the school should be aware? If so, please describe.

_____

_____

_____

(b) Does your child require any personal and/or academic support at home or at school (tutoring, counseling, medical, etc.)? If so, please explain.

_____

_____

_____

(c) Has the applicant ever applied to or attended Margolin Hebrew Academy / Feinstone Yeshiva of the South in the past? If yes, when?

_____

_____

_____

(d) Please list other schools to which you are applying. _____

_____

_____

(9) EARLY CHILDHOOD PROFILE

TO BE FILLED OUT ONLY IF THE APPLICANT IS ENTERING THE EARLY CHILDHOOD PROGRAM.

(Please print)

Applicant's Name _____
Last First Middle

(Check one)

Applying for admission to:
- ◯ PreK-3
- ◯ PreK-4
- ◯ Kindergarten

for the 2019-2020 school year.

To the Parent:
During the early stages in your child's life, you know your child best, and we would welcome your insight. Please describe your child in each of the following areas:

(1) Developing self-image: _____

_____

_____

(2) Social relationships with peers and adults: _____

_____

_____

(3) Special needs and interests: _____

_____

_____

(4) Is there any other area of concern that you would like to share with us? _____

_____

_____

APPLICATION CHECKLIST

PLEASE REVIEW AND CHECK THE FOLLOWING TO ENSURE THAT YOUR APPLICATION IS COMPLETE:

(1) Please make sure Sections 1 - 9 of the application have been completed. A separate application is required for each student.

(2) Please make sure you have included the application fee of $110 per student (max. $220 per family).

For questions regarding this application or to schedule a visit to the school, please contact:

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