

ב"ה

בנות חיה

BNOS CHAYA HIGH SCHOOL

MAIMONIDES, 404 PARTRIDGE ST. ALBANY NY 12208

BNOSCHAYA@EARTHLINK.NET

STUDENT APPLICATION

Date of application: _____ Grade entering: _____

Student full name: _____ Hebrew name _____

Address _____

City, State, Zip _____ Phone _____

Social Security # _____ - _____ - _____

Date of Birth: Hebrew _____ English _____

FAMILY INFORMATION:

Father's Name: _____ Father's Hebrew Name: _____

Occupation: _____ Phone: _____ Email _____

Mother's Name: _____ Mother's Hebrew Name: _____

Occupation: _____ Phone: _____ Email _____

Is the applicant adopted? Yes No

Were both parents born into the Jewish Faith? Yes No

Were all grandparents born into Jewish Faith? Yes No, Explain:

Are Parents Married? Yes No Separated? Yes No Divorced? Yes No

If yes, who has legal custody? _____

With whom does the student live? _____

Does the applicant have any medical problems? No Yes, they

are _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

EDUCATION INFORMATION

SCHOOL NAME	LOCATION	DATES OF ATTENDANCE

Current School and Address: _____

Name of Principal: _____ Telephone: _____

Fax: _____ E-mail: _____

Has the student ever been dismissed from any school? No Yes, Explain:

Indicate briefly the student's education:

To the student:

Indicate the languages you feel comfortable with: (circle those that apply)

Hebrew/ Yiddish/English

What are your goals for the coming year?

Favorite subject: _____ Most difficult subject: _____

Extra-curricular interests:

How did you spend your last two summers?

