

Application for Admission

Bnos Rabbeinu High School

Mailing Address: 6237 N. Whipple
Chicago, Il. 60659 (773) 965-7770

Date _____ Applying to enter _____
Term Grade

- Enclose the \$10.00 application fee with this application form.

Biographical Information

Hebrew

Name _____
Last First Middle

English

Name _____
Last First Middle

Permanent

Address _____
Number and Street City State Zip

Home Telephone _____ Email address _____
area code number

Social Security Number

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Birth Date

HEBREW			ENGLISH		
Day	Month	Year	Day	Month	Year
/	/	/	/	/	/

How did you hear of our school? _____
name/phone number

What are your summer plans? _____

Student Name _____
Last
First
Middle

Academic History

List in chronological order all schools attended.

Name of School	Location	Grades attended	Dates Attended

Please indicate your level of fluency in the following languages:

Excellent, Very Good, Average, Fair, Poor, or Little to No Experience

Hebrew: Reading _____ Writing _____
 Speaking _____ Translating/Comprehension _____

Yiddish: Reading _____ Writing _____
 Speaking _____ Translating/Comprehension _____

other: Reading _____ Writing _____
 Speaking _____ Translating/Comprehension _____

Personal History

It is helpful for us to know of any significant changes or events in your family in recent years. This information helps us to better understand your daughter and meet her needs.

The following information will be kept confidential.

Name of daughter: _____

1. Have there been any significant changes or events in your family that may influence your daughter's school performance?

- | | |
|--|--|
| <input type="checkbox"/> Separation/Divorce/Remarriage | <input type="checkbox"/> Serious illness in family |
| <input type="checkbox"/> Death in family | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Job loss or Transition |

If yes, please elaborate:

2. Has your daughter ever experienced any of the following problems?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Attention Problem | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Learning Problem | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Significant Medical Problem: _____ | |
| <input type="checkbox"/> Other: _____ | |

3. Has your daughter ever received counseling for any of the reasons stated in questions 1 or 2?

Yes No

If yes, please explain: _____

4. Has your daughter ever received a psychological or educational evaluation? Yes No

If yes, please explain:

5. Has there been a conversion in the family? Yes No

If yes, please provide the name and phone number of a rabbinical contact.

Student Name _____
Last First Middle

Mother's Name:

Hebrew _____ English _____

Mother's Maiden Name _____

Work Telephone _____
area code number

Car Phone _____
area code number

Pager Number _____
area code number

Fax _____
area code number

Father's Name

Hebrew _____ English _____

Work Telephone _____
area code number

Car Phone _____
area code number

Pager Number _____
area code number

Fax _____
area code number

Please Note

Your application can not be processed until we have received your:

- Completed application
- School transcripts
- Applicant Evaluation Summary
- \$50.00 Application fee enclosed

Upon acceptance to Bnos Rabbeinu High School, you will be sent a registration packet which includes a school handbook, academic calendar and a book list.
