



Application for Admission

Full Name of Student	Grade Applying For	Date
Home Address	Hebrew Name	
	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Phone	Date of Birth	

Father's Name Mr <input type="checkbox"/> Dr <input type="checkbox"/> Rabbi <input type="checkbox"/>	Mother's Name Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>
Father's Hebrew Name	Mother's Hebrew Name
Address (if different from student)	Address (if different from student)
Home Phone	Home Phone
Cell Phone	Cell Phone
Email Address	Email Address
Business Address/Phone	Business Address/Phone
Occupation/Title	Occupation/Title

Marital Status of Parents (Please circle): Married Separated Divorced Widowed

Child lives with (Please circle): Both Mother Father Joint Custody Legal Guardian

Name(s) of stepparent(s)/guardian(s): _____

Are both parents biological parents? Yes No If no, please explain _____

Are both parents Jewish by birth? Yes No If no, please explain & attach copies of conversion documents

Synagogue Affiliation _____

Names, birthdates and school of applicant's brothers and/or sisters

Name	Birthdate	School Currently Attending
Name	Birthdate	School Currently Attending
Name	Birthdate	School Currently Attending
Name	Birthdate	School Currently Attending

Applicant's Current School _____ Current Grade _____

Address of School: _____ City _____ State _____

School District _____

Please list all additional schools attended, starting with pre-school, and give dates:

School Name	City & State	Dates of Attendance
_____	_____	_____
_____	_____	_____

Has the applicant undergone any visual, speech, I.Q. or other assessment? If yes, please explain and have a copy of the assessment forwarded to us. Yes No _____

Has the applicant ever been subject to major discipline problems at any school? (Suspension, etc.) If yes, please explain. Yes No _____

Has applicant been under continuing care for any physical, emotional or learning difficulty? If yes, please explain. Yes No _____

I/We are prepared to get academic and non-academic assistance as needed if prescribed by the school.

(Please circle): Yes No Parent/Guardian Signature: _____

What other schools are you considering applying to at this time? _____

How did you find out about Epstein Hebrew Academy? _____

Will you be applying for financial aid? Yes No

Parent's Signature

Date of Application

EPSTEIN HEBREW ACADEMY
1138 North Warson Road, St. Louis, MO 63132
Phone (314) 994-7845 • Fax (314) 994-9437
Email admissions@eha.org • Website www.eha.org

App Received	Testing Date
App Fee Received	Tuition Assistance
Interview Date	Accepted