



*Photo of child*

# **2017-2018 APPLICATION FOR ADMISSION**

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Student's Name and entering Grade

101 Garden of Eden Road  
Wilmington, DE 19803  
Telephone: (302) 478-5026  
Fax: (302) 478-0664  
Website: [www.einsteinday.org](http://www.einsteinday.org)  
Email Address: [info@einsteinday.org](mailto:info@einsteinday.org)

**Name of Child** \_\_\_\_\_ **Hebrew Name** \_\_\_\_\_

Male  Female  Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child born in the US? Yes  No  *If no, how long has the child lived here?* \_\_\_\_\_

Home address \_\_\_\_\_

(Street and Number)

(City)

(State)

(Zip Code)

(Phone Number)

Custody Arrangements (if applicable) \_\_\_\_\_

**Information: Parent #1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Spouse (if different from below) \_\_\_\_\_

Home address (if different from child) \_\_\_\_\_

Home phone (if different from child) \_\_\_\_\_

Employer \_\_\_\_\_ Position/Occupation \_\_\_\_\_

Business address \_\_\_\_\_

Business phone \_\_\_\_\_ Email address \_\_\_\_\_

Cell phone \_\_\_\_\_ Fax number \_\_\_\_\_

**Information: Parent #2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Spouse (if different from above) \_\_\_\_\_

Home address (if different from child) \_\_\_\_\_

Home phone (if different from child) \_\_\_\_\_

Employer \_\_\_\_\_ Position/Occupation \_\_\_\_\_

Business address \_\_\_\_\_

Business phone \_\_\_\_\_ Email address \_\_\_\_\_

Cell phone \_\_\_\_\_ Fax number \_\_\_\_\_

**School Attended** (Include preschool or daycare)

Current school \_\_\_\_\_ Dates \_\_\_\_\_ Grade \_\_\_\_\_

(Address)

(Phone)

Previous school \_\_\_\_\_ Dates \_\_\_\_\_ Grade \_\_\_\_\_

(Address)

(Phone)

**Synagogue affiliation** (if applicable) \_\_\_\_\_

Do you or your child speak any language other than English? Yes  No

If Yes, what is the primary language spoken at home? \_\_\_\_\_

**Brothers and Sisters**

**Name**

**Age**

**Grade**

**School**

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you learn about Albert Einstein Academy? \_\_\_\_\_

Names and addresses of family and/or friends who attend or have attended Albert Einstein Academy:

\_\_\_\_\_  
\_\_\_\_\_

Are there any special issues in your child's history about which the school should be aware? (medical concerns, physical or emotional development, family life, custodial arrangements, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Albert Einstein Academy seeks to identify and develop the best in all students. Please share with us some of the reasons you feel that Albert Einstein Academy would be a desirable environment for your child and your family. \_\_\_\_\_

*Please sign and return this application with a \$36 non-refundable application fee.*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

***For office use only***

Received \_\_\_/\_\_\_/\_\_\_    Amount \_\_\_\_\_    Check # \_\_\_\_\_