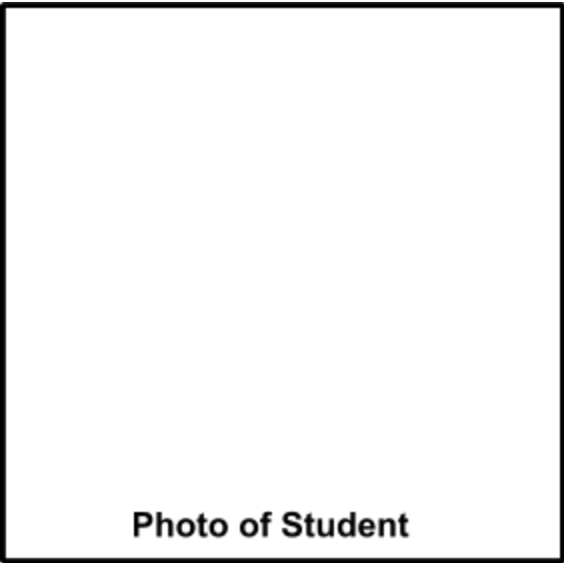


101 Garden of Eden Road  
Wilmington Delaware, 19803  
Telephone: (302)478-5026  
Fax: 478-0664  
Email: info@einsteinday.org  
Website: www.EinsteinDay.org



# APPLICATION FOR 2018/2019 ADMISSION

Name of Child \_\_\_\_\_ Hebrew name \_\_\_\_\_

Male  Female  Birth date \_\_\_/\_\_\_/\_\_\_ Entering Grade \_\_\_\_\_

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

Home address \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City) (State) (Zip Code) (Phone 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? \_\_\_\_\_

Sibling:	Name	Age	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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 \_\_\_\_\_

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

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

**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.**

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

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

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

For office use only Recieved ____/____/____ Amount _____ Check # _____
---------------------------------------------------------------------------

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

For office use only

Recieved \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_