

**NEW STUDENT APPLICATION
 2023-24**

Date: _____

FAMILY INFORMATION

Family Name _____

Father _____ Title _____ Mother _____ Title _____

Street Address _____ City, State, Zip _____

Home phone _____

Father Cell _____ Father Email _____

Mother Cell _____ Mother Email _____

Marital Status: Married Separated Divorced Widowed

STUDENT INFORMATION

Child's Hebrew and English Name	Grade Entering	M or F	Birthday Hebrew and English	Previous School/Program (Please include phone number)	Birth Country/ Language Spoken at Home

JDBY-YTT strongly recommends that internet access not be available in your home. In the event that internet access is required, computers and all mobile devices must have comprehensive filters, and proper safeguards must be present to prevent unsupervised use.

Please initial to confirm that you are aware of the above policies.

Father Mother

The policy of the school is for all students to have all state-required vaccinations and immunizations. No religious exemptions will be accepted.

Please initial to confirm that you are aware of the above policy.

Father Mother

A non-refundable \$100 application fee is required. This fee will be applied to your registration fee upon acceptance and enrollment. Payment may be made by credit card (see below) or submitted to the Executive Office at 6122 N. California, Chicago, IL 60659.

Please note that space is limited. Applications cannot be processed until application fee is paid. After **January 25, 2023**, the application fee will be increased, and space may not be available.

Name, as it appears on the card: _____

Address (if different from above): _____

Card Number: _____ Expiration date: _____ Security code _____

Signature: _____

(New families – please fill out reverse side)

REFERENCE INFORMATION – NEW FAMILIES ONLY

Paternal Grandparents: _____
 Titles Names (First & Last, Husband & Wife) Address Zip

 Phone Email (if applicable)

Maternal Grandparents: _____
 Titles Names (First & Last, Husband & Wife) Address Zip

 Phone Email (if applicable)

Name of Shul Family Attends _____

Family Rav _____ **Phone Number** _____

Sibling Information

Name	School/ Program Attending	Date of Birth

Additional Comments

For office use only

Vaad Hachinuch _____