

Application for Admissions

School Year 2010-2011/5771

Mission

Chicagoland Jewish High School creates a culture of academic excellence that inspires our children to think critically and achieve their full potential, while preparing them to live Judaism as responsible and involved citizens in the modern world.

Statement of Non-Discrimination

Chicagoland Jewish High School does not discriminate on the basis of gender, race, color or national and ethnic origin in the administration of its educational policies, admissions, scholarships, athletic, and other school-administered programs.

Statement of Support for Israel

The creation of the State of Israel is one of the seminal events in Jewish history. Recognizing the significance of the State and its national institutions, we seek to instill in our students an attachment to the State of Israel and its people as well as a sense of responsibility for their welfare.

Application for Admissions

Application for grade: _____

First name	Middle name	Last name
Nickname	Hebrew name	
Student's street address		
City	State	Zip
Home phone	Student mobile phone	Student e-mail
Date of birth	Gender	Place of birth
Social Security Number (important - please provide)		
Religion of Applicant's maternal grandmother		Religion of Applicant's mother
If applicant's mother and/or applicant are Jewish by conversion, please indicate the name and religious affiliation of the rabbi who guided the conversion.		
Candidate lives with		
<p style="text-align: center;"> <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other - specify _____ </p>		
Information concerning the applicant should be sent to		
<p style="text-align: center;"> <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other - specify _____ </p>		

Applicant's Father/Guardian A		Applicant's Mother/Guardian B	
Title	First name	Title	First name
Last name		Last name	
Home address/City/State/Zip – if different from student		Home address/City/State/Zip – if different from student	
Home Phone – if different from student		Home Phone – if different from student	
Mobile phone		Mobile phone	
E-mail address		E-mail address	
Employer name and occupation		Employer name and occupation	
Business phone		Business phone	
College(s) attended		College(s) attended	
Degrees		Degrees	
Jewish education		Jewish education	
<p><i>CJHS has a vibrant grandparent organization. Opportunities such as continued learning programs and social events with other grandparents are scheduled throughout the year. Please provide us with their contact information so they can be included.</i></p>			
Paternal grandparents' names		Maternal grandparents' names	
Address		Address	
City		City	
State	ZIP	State	ZIP
Home phone		Home phone	
E-mail address		E-mail address	

Household and siblings

Number of children in family living at home (*not including applicant*) _____

Name	Grade	Current school
Name	Grade	Current school
Name	Grade	Current school
Primary language spoken at home		Additional language(s) spoken at home

Synagogue Affiliation

Name of applicant's synagogue _____

Movement affiliation
 Conservative Orthodox Reconstructionist Reform Other _____

Rabbi's name _____

Did the applicant have a bar/bat mitzvah? YES NO

Current School

Current school name	Current grade
School's address	Name of Principal or Head of School
	School phone number

School History

Private or Public School		Jewish day school or religious school	
	Dates Attended/ Grade levels	School name	Dates Attended
Elementary School Name			
Junior High School Name			
High School			
Other			

What are your child's interests, talents and hobbies?

Comment on your child's current experiences in school, both socially and academically.

How does your child feel about the possibility of coming to CJHS?

Does your child have an IEP, 504 Plan or private school plan?

YES

NO

If yes, a copy of the most recent document (s) must be submitted with this application in order to proceed with the application process.

At school, does your child receive resource help? If so, for how many hours per week? _____

Does your child work with a tutor or coach outside of school? If so, how often? _____

Does your child regularly or occasionally meet with a therapist? If so, how often? _____

Has the applicant ever been subject to major disciplinary action (suspension or dismissal) in any school?

YES*

NO

**If yes, please explain*

Are there any special circumstances in your child's medical history, physical growth, family life or emotional development that would be helpful for us to know?

Thank you for your interest in CJHS. Please sign, date and return, together with the non-refundable \$125 application fee to Director of Admissions, Chicagoland Jewish High School, 1095 Lake Cook Road, Deerfield, IL 60015.

Signature of Parent or Guardian: _____ Date _____