



CHICAGOLAND JEWISH HIGH SCHOOL

Application for Admissions

School Year 2012–2013/5773

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 Grade 9 10 11

Student name _____

Student Home Phone _____

Student Mobile Phone _____

Student E-mail _____

Parent E-mail _____

Do you give CJHS permission to contact your student during the admissions process? _____

by mobile phone

by text

by e-mail



Date _____

Student

First name	Middle name	Last name
Nickname	Hebrew name	
Student's street address		
City	State	Zip
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 of the rabbi who guided the conversion and the conversion date.		
Candidate lives with	<input type="checkbox"/> both parents/guardians	<input type="checkbox"/> mother only
		<input type="checkbox"/> father only
Information concerning the applicant should be sent to	<input type="checkbox"/> both parents/guardians	<input type="checkbox"/> mother only
		<input type="checkbox"/> father only

Applicant's Father/Guardian A				Applicant's Mother/Guardian B			
Title	First Name			Title	First Name		
Last Name				Last Name			
Address*				Address*			
City		State	Zip	City		State	Zip
Home phone*				Home phone*			
Mobile phone				Mobile phone			
E-mail address				E-mail address			
Employer name/ occupation				Employer name/ occupation			
Business/ day phone				Business/ day phone			
Colleges attended				Colleges attended			
Degrees				Degrees			
Jewish education				Jewish education			

CJHS has a vibrant grandparent organization. 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.

Paternal grandparent's name(s)				Maternal grandparent's name(s)			
Address				Address			
City		State	Zip	City		State	Zip
Phone		E-mail		Phone		E-mail	

*if different from student

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		
Current School					
Applicant's current school name					
Applicant's school's address and phone number					
Synagogue Affiliation					
Name of applicant's synagogue <input type="checkbox"/> mark if currently unaffiliated					
Movement Affiliation					
Rabbi's name					
Did the applicant have a bar/bat mitzvah?					
Youth Group Affiliation					
<input type="checkbox"/> Kadima/USY <input type="checkbox"/> NCSY <input type="checkbox"/> JYG/NFTY <input type="checkbox"/> BBYO <input type="checkbox"/> Young Judaea Other_____					
Summer Camp					
Camp/Program name and location					
Director's name					
Phone contact (winter contact)					
Is this a day camp or residential (overnight)?					

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? If yes, a copy of the most recent document(s) must also be submitted 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? In which subject(s)?

Does your child regularly or occasionally meet with a mental health therapist? If so, how often? Include the name of the therapist as well.

Has the applicant ever been subject to major disciplinary action (suspension or dismissal) in any school? 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 \$150 application fee** to
Director of Admissions, Chicagoland Jewish High School, 1095 Lake Cook Road, Deerfield, IL 60015.

Parent Signature

Date