

## APPLICATION CHECKLIST

*The following checklist is provided to ensure that you will not overlook any important aspect of the admissions process. Please complete all sections of this application.*

### THE APPLICATION

- Complete the Application for Admission.
- Make a copy of the completed application for your records.
- Return the application as soon as possible.



# APPLICATION FOR ADMISSION

To be completed by parent or guardian.

## APPLICANT INFORMATION

Student's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name/Nickname and/or Hebrew Name \_\_\_\_\_

Applying to Enter Grade \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizen of \_\_\_\_\_

Current School (if applicable) \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_ Type of School  Public  Independent  Foreign  Religious

Has your child ever applied to our school before?  Yes  No



Please list siblings of applicant if any:

Name	Age	Present School*
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\_\_\_\_\_

\_\_\_\_\_

\*Please note if any sibling is a student at The Adelson Educational Campus.

Please list all languages spoken in your home, indicating the primary language first.

\_\_\_\_\_

Has your child had any formal Hebrew language instruction?  Yes  No

# FAMILY INFORMATION

## PARENT 1

Name (include title Dr. Mr. Mrs. Ms.)

First Middle Last

Relationship to applicant:

Mother

Father

Step-parent

Other

Home Address

City, State, Zip

Home Phone

Cell Phone

Occupation/Job Title

Name of Company/Organization

Work Address

City, State, Zip

Work Phone

Email

Educational Background

Primary email for school contact: \_\_\_\_\_

Please check all that apply:

Parents Married <input type="checkbox"/>	Parents Divorced <input type="checkbox"/>	Parents Separated <input type="checkbox"/>	Parent 1 Remarried <input type="checkbox"/>	Parent 2 Remarried <input type="checkbox"/>	Parent 1 Deceased <input type="checkbox"/>	Parent 2 Deceased <input type="checkbox"/>
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With whom does the student reside? \_\_\_\_\_

If parents live separately, should correspondence from the Admission Office be mailed to each Parent/Guardian?

 Both

 Parent 1 only

 Parent 2 only

If Parent/Guardian 1 is remarried, spouse's full name: \_\_\_\_\_

If Parent/Guardian 2 is remarried, spouse's full name: \_\_\_\_\_

Family's religious affiliation: (required) \_\_\_\_\_

## PARENT 2

Name (include title Dr. Mr. Mrs. Ms.)

First Middle Last

Relationship to applicant:

Mother

Father

Step-parent

Other

Home Address

City, State, Zip

Home Phone

Cell Phone

Occupation/Job Title

Name of Company/Organization

Work Address

City, State, Zip

Work Phone

Email

Educational Background

In the space below (or on a separate attached sheet), we welcome any additional comments which you might like to make about your child. A parental perspective helps us to know each applicant more completely.

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We (I) certify that the information provided on this application is true and accurate. We (I) understand that the Administrator's and Teachers' Evaluations are confidential and will not be disclosed to me or become part of my child's permanent record.

\_\_\_\_\_  
Signed (Parent 1)

\_\_\_\_\_  
Signed (Parent 2) – optional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please make a copy of this application for your records and return the original to:  
The Adelson Educational Campus, 9700 W. Hillpointe Road, Las Vegas, Nevada 89134**

*The Adelson Educational Campus admits students of any race, color, religion, sexual orientation, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, sexual orientation or national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic or other school-administered programs.*