



APPLICATION FOR ADMISSION

Early Childhood Center

Toddler - Nursery
389 Central Avenue
Lawrence, NY 11559
Tel: 516-569-3407
Fax: 516-569-3659

Lower School

Kindergarten – Grade 5
33 Washington Avenue
Lawrence, NY 11559
Tel: 516-569-3043
Fax: 516-569-3014

Middle School

Grades 6-8
44 Frost Lane
Lawrence, NY 11559
Tel: 516-569-6352
Fax: 516-569-6457

Kindly attach a recent photograph of the applicant

For office use only

Check
Amount
Date

Please fill out the application completely and clearly.

APPLICANT INFORMATION

Student Name _____ Date of Birth ____/____/____
Last First Middle

Hebrew Name _____ Hebrew Date of Birth ____/____/____

Entering Grade/Class _____ School Year _____ School District _____

Gender M F

APPLICATION PROCESS

- Application fee of \$75 should accompany this application and is non-refundable.
- Applications should be accompanied by a copy of the birth certificate.
- Kindergarten - 8th Grade applicants are required to take an aptitude screening — \$150 non-refundable fee.
- All parents are required to have a personal interview.
- All applicants are required to have a personal interview.
- Incomplete applications will not be processed.
- A copy of the most recent report card and standardized test results should accompany this application.
- A copy of district/private evaluations.

Request application for Financial Aid

Please submit this completed application, fee and all required records to:

HAFTR Admissions Office
33 Washington Avenue
Lawrence, NY 11559

If you have any questions, please call 516-569-3370 ext. 110.

CORRESPONDENCE INFORMATION

Please indicate Mother Father Both receive all correspondence, bills, etc.

The majority of our correspondence is via email, please indicate a valid email address below.

FAMILY INFORMATION**Parent/Guardian A** _____**Parent/Guardian B** _____**Relationship to applicant** _____**Relationship to applicant** _____ Mr. Dr. Rabbi _____ Mrs. Dr. Ms. _____

First _____ Last _____

First _____ Last _____

Home Address _____

Home Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Fax _____

Fax _____

Cell _____

Cell _____

Email _____

Email _____

Company _____ Title _____

Company _____ Title _____

Work Address _____

Work Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Work Phone _____

Work Phone _____

Synagogue Affiliation _____

Synagogue Affiliation _____

Grandparents' Names _____

Grandparents' Names _____

Home Address _____

Home Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Is child or either parent converted? Child Mother Father (please attach a copy of the conversion)Is the student from this marriage previous marriage adopted

Applicant's parents are now

 Married Separated Divorced Father deceased Mother deceased

If divorced, who has legal custody? _____

Student lives with Both Parents Mother Father Other Name _____Relationship to Student _____

SIBLINGS*Please list siblings, grade level and respective schools.*

Name _____ Grade/Class _____ School _____

Name _____ Grade/Class _____ School _____

Name _____ Grade/Class _____ School _____

EDUCATIONAL HISTORY

Name of Current School _____

Address _____ Phone _____

Dates of Attendance _____ Grade/Class _____

Please list all schools student has attended _____

School _____ Grades/Classes _____ Years _____

School _____ Grades/Classes _____ Years _____

School _____ Grades/Classes _____ Years _____

Has student ever applied to HAFTR before? Yes No If yes, when? _____

Does student attend summer camp? Yes No If yes, name of camp _____

ADDITIONAL STUDENT INFORMATION

Has your child ever had a district or private evaluation?

Yes No If yes, please submit any relevant test results and recommendations.

Is your child currently receiving any district support services?

Yes No If yes, please indicate which services _____

If child is currently receiving district services please attach copy of the current IEP.

Has your child ever had emotional, social or behavioral problems that required professional help? (e.g. counseling)

Yes No If yes, please explain _____

Is there any additional information concerning your child about which the school should be aware?
(physical or emotional development, family life, custodial arrangements, etc.)

Yes No If yes, please explain. _____

GENERAL INFORMATION

Why have you decided to apply to HAFTR?

Indicate alumni relationships (if any).

How would you describe your child's present school experience?

What are your child's strengths and weaknesses?

What are your child's special talents and interests?

Is there any additional information you would like to share with us to assist us in better understanding your child?



**389 Central Avenue
Lawrence, NY 11559
Tel: 516-569-3370
Fax: 516-569-5689
www.haftr.org**