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Kingston 8
Jamaica, W.I.
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Hillel Academy
*Accredited by the Southern Association
of Colleges and Schools (SACS)*

Tel: (876) 925-1980
925-9485
924-1996
941-2912
Fax: (876) 925-1834

1. STUDENT INFORMATION

Last Name:		First Name(s):		Proposed date of entry:	
Birth Date (day/ month/year):		Sex :	Nationality:		Native Language:

Please list other countries for which the student holds citizenship:

4. FATHER'S INFORMATION

Father's name:		Nationality:		Occupation:	
Home address:					
E-mail address:		Home telephone number:		Cellular phone number:	
Mailing address (if different from home address):					

Place of employment:		Position:		Work telephone number:		Tuition Fees paid by Company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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3. MOTHER'S INFORMATION

Mother's name:		Nationality:		Occupation:	
Home address:					
E-mail address:		Home telephone number:		Cellular phone number:	
Mailing address (if different from home address):					

Place of employment:		Position:		Work telephone number:		Tuition fees paid by Company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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4. PREVIOUS SCHOOL INFORMATION

1. School Attended:		School's Address:		Contact Person / Phone:		Grades and dates attended:	
2. School Attended:		School's Address:		Contact Person / Phone:		Grades and dates attended:	

Has your child received either of the following:
a) Enrichment / Accelerated Programme? Yes / No b) Remedial Assistance? Yes / No If so, please state subject area or form of help given:

Has your child ever repeated a grade? If so, when and for what reason?
.....

English as a Second Language? Please indicate level: Basic Intermediate Fluent

Is your child currently taking any kind of medication? Yes / No

If yes, please explain:.....

Please supply any additional information that will help us to meet the educational, emotional or physical needs of your child:
.....
.....

All previous special educational evaluations and relevant medical reports must be provided.

5. SIBLINGS' INFORMATION

1. Sibling's First Name & Last Name:	Current school sibling attends:	Date of Birth:	Sex:
2. Sibling's First Name & Last Name:	Current school sibling attends:	Date of Birth:	Sex:
3. Sibling's First Name & Last Name:	Current school sibling attends:	Date of Birth:	Sex:

6. OTHER INFORMATION: Reasons for applying to Hillel Academy.

Please make a brief statement about your hopes and ambitions for your child's future, why you would like him / her to attend Hillel Academy and, in particular, what expectations you have of the School. (Please state any association with the School, such as alumni or sibling):

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7 SCHOOL RULES AND REGULATIONS

Upon receipt of the Enrolment Fee, each parent / student receives a copy of the Hillel Academy Handbook, which contains the rules and regulations governing all aspects of school life with which parents and students are expected to comply.

8. NEW STUDENT REGISTRATION FEE

The registration fee of J\$5,000 must accompany this application. Please note that this is the first step in seeking admission to Hillel Academy. It does not guarantee that a place will be offered. The School will only accept students following successful evaluation, and if a place is available.

9. NEW STUDENT ENROLLMENT FEE

This Fee is paid upon the official acceptance of the written offer of a place in the School and must be paid within 7 days of this offer. This is a non-refundable fee, subject to review.	New student enrolment fee:	New IB student enrolment fee:	New foreign students enrolment fee:
	US \$1,000.00	US \$600.00	US\$3,500.00

10. TUITION FEES AND PAYMENT SCHEDULE

The school year is divided into three terms; Christmas, Easter and Summer.

School fees are payable in advance at the beginning of each term and must be lodged at any branch of the Bank of Nova Scotia Limited. Receipt Vouchers must be presented to the Bursar in the School Office five working days before the beginning of the Christmas Term, which begins in September, and on or before the first day of the Easter and Summer Terms. A student may be excluded from school until the Tuition Fee has been paid. **A Term's notice, in writing, must be given to the Director for the discontinuance of a student's attendance at school, otherwise the parent or guardian is liable to pay the term's fees.**

Additionally, in the event that a student withdraws after the term has commenced, fees for that term will not be refunded. The administration shall authorize the withholding of Report Cards, Transcripts and Recommendations until all accounts have been settled in full, including any charges for lost or destroyed books or any other property of the School.

11. PARENT / SCHOOL CONTRACT

The information above is true and correct to the best of my knowledge and belief, and shall form the basis of my contract with the Board of Governors of Hillel Academy.

I agree to conform in all aspects with its by-laws, regulations, requirements and conditions as set out in the School Handbook and as stated here. I acknowledge that Hillel Academy reserves the right to acquire references from all previous schools my child has attended.

I agree to pay the Registration Fee of J\$5,000.00 so that this application can be processed and my child evaluated before the School can make any decision about admission.

I agree to provide one full term's notice in writing, or one full term's fees in lieu of notice, if I withdraw my child from the School.

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Signature of Parent / Guardian Date: (Day / month / year)

****FALSIFICATION OF ACADEMIC RECORDS AND DIAGNOSTIC TESTING WILL BE CAUSE FOR REVOCATION OF ADMISSION**

FOR OFFICE USE ONLY	TEST SCORES		
	The following documents have been received:	English:	Entry approved to Grade:
	1. Certified copy of Birth Certificate <input type="checkbox"/>	Math:	Date of entry:
	2. Records / Transcripts from previous schools. <input type="checkbox"/>	Entry Recommended: <input type="checkbox"/>	Date offer of admission made:
3. Special educational reports (if relevant). <input type="checkbox"/>	Entry not recommended: <input type="checkbox"/>	Date New Student Enrolment Fee paid:	Entry approved by:
4. Medical reports (if relevant) <input type="checkbox"/>		
Date Registration Fee paid:			PS / HS Principal
		
			Director