

Providence Hebrew Day School

Application for Admission

Please type or print clearly.

Applicant Information				
Applicant's Last Name	First Name	M.I.	Hebrew Name	
Applicant's Home Address		City	State	Zip
Home Telephone Number		Present School		Present Grade
Place of Birth	Citizen of	Date of Birth		Hebrew Birthday
Parent Information				
Father or Guardian Last Name		First Name		M.I. Title
Father's Address		City	State	Zip
Father's Employer			Occupation	
Home Telephone	Cell Phone Number	Fax Number		Email Address
Synagogue Affiliation		Synagogue Rabbi		
Preferred Method of Contact	<input type="checkbox"/> Home Number	<input type="checkbox"/> Father's Cell Number	<input type="checkbox"/> Father's Email	
Mother's Last Name		First Name		M.I. Maiden Name
Mother's Home Address (if different than above)		City	State	Zip
Mother's Employer			Occupation	
Home Telephone	Cell Phone Number	Fax Number		Email Address
Synagogue Affiliation (if different than above)		Synagogue Rabbi		
Preferred Method of Contact	<input type="checkbox"/> Home Number	<input type="checkbox"/> Mother's Cell Number	<input type="checkbox"/> Mother's Email	
Parents of Applicant are (Check Any Boxes that are Applicable)				
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Mother Deceased
Parent's Affiliation with Jewish Organizations (religious, communal, educational, etc.)				
Mother is of Jewish Origin (If no, please include conversion papers from Orthodox Beis Din)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Person Responsible for Student's Tuition and Fees				

Indicate two (2) individuals besides parents to contact in case of emergency		
Name	Relationship	Telephone

Health Insurance Carrier			
Insured's Name			
Plan		Group Number	
I.D. Number		Telephone #	

Parent's or Guardian's Signature	Date

For more information, please contact Rabbi Menachem Weissmann, Head of School
 (401) 331-5327 x10

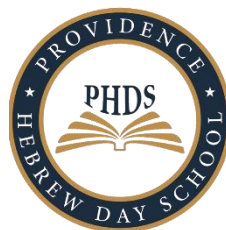
mweissmann@phdschool.org

OR

Mrs. Miriam Esther Weiner, Principal, PHDS

(401) 331-5327 x18

meweiner@phdschool.org



Please return to:

Providence Hebrew Day School

450 Elmgrove Avenue

Providence, RI 02906

Telephone: (401) 331-5327

Fax: (401) 331-0030

**** NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS ****

Providence Hebrew Day School admits students of any race, color, 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, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school administered programs.