

APPLICANT NAME _____

**Early Childhood
2025-2026**

Application Form



To EMPOWER and INSPIRE

Instructions and Pertinent Information

This application is a request for admission for new students only. It becomes binding upon the parents and the school only when the applicant has been formally accepted, a registration packet has been completed and returned, and a tuition agreement has been signed.

- An application form should be completed for each student. Please fill out the application completely and print clearly.
- All PreK-3 applicants must be 3 years old by August 15.
- An **application fee** of \$110 per child must accompany this application (max. \$220 per family). This fee is non-refundable. Please pay online at mhafyos.org/donate or send a check to the MHA office.
- There is an application checklist provided for your convenience on Page 9. Please use this checklist as a guide to ensure that your application is complete and all required documents are included.

All applications and correspondence should be mailed or emailed to:

Erica Stoltz
Office of Admissions
390 S. White Station Road
Memphis, TN 38117
901.682.2400, ext. 223
erica.stoltz@mhafyos.org

(1) APPLICANT

(Please print)

Applicant's Name _____
Last First Middle

Full Hebrew name _____

Applying for grade _____ Gender: Male Female Social security number _____ - _____ - _____

Date of birth ____ / ____ / ____ Hebrew date of birth _____ Place of birth _____

Age _____ Current School _____ Current Grade _____

School address _____ School phone _____

(2) PARENT(S)**FAMILY INFORMATION****FATHER** Dr. Mr. Rabbi_____
Last First Middle

Home address _____

City _____ State _____ ZIP _____

Home phone _____

E-mail _____

Occupation/Position _____

Name of employer _____

Business address _____

City _____ State _____ ZIP _____

Business phone _____ Ext _____

Cellular phone _____

MOTHER Dr. Mrs. Ms._____
Last First Middle

Home address _____

City _____ State _____ ZIP _____

Home phone _____

E-mail _____

Occupation/Position _____

Name of employer _____

Business address _____

City _____ State _____ ZIP _____

Business phone _____ Ext _____

Cellular phone _____

(3) SIBLING(S)

Name _____ Age _____

Current School _____ Current grade _____

Name _____ Age _____

Current School _____ Current grade _____

Name _____ Age _____

Current School _____ Current grade _____

Name _____ Age _____

Current School _____ Current grade _____

(4) GRANDPARENT(S)

Name of paternal grandfather _____

 Grandfather deceased Address (if living) _____

City _____ State _____ ZIP _____ Phone _____

Grandfather e-mail: _____

Name of paternal grandmother _____

 Grandmother deceased Address (if living) _____

City _____ State _____ ZIP _____ Phone _____

Grandmother e-mail: _____

Name of maternal grandfather _____

 Grandfather deceased Address (if living) _____

City _____ State _____ ZIP _____ Phone _____

Grandfather e-mail: _____

Name of maternal grandmother _____

 Grandmother deceased Address (if living) _____

City _____ State _____ ZIP _____ Phone _____

Grandmother e-mail: _____

(5) MISCELLANEOUS INFORMATION

- (a) Applicant's parent(s) are currently married: Yes – go to question (i)
 No – go to question (b)
- (b) Applicant's parent(s) are: Separated Divorced Father deceased Mother deceased
- (c) If parent(s) are divorced or deceased: Father remarried Mother remarried
- (d) Name of step-parent: _____
- (e) Name and address to which school information (e.g. flyers, report cards) should be sent:
- Name _____
- Street address _____
- City _____ State _____ ZIP _____ Phone _____
- (f) Name and address to which school billing information should be sent: Check here if same as above.
- Name _____
- Street address _____
- City _____ State _____ ZIP _____ Phone _____
- (g) Applicant lives with: Mother – go to question (i)
 Father – go to question (i)
 Other legal guardian – go to question (h)
- (h) If living with a legal guardian:
- Legal guardian name _____ Relationship to applicant _____
- Street address _____
- City _____ State _____ ZIP _____ Phone _____
- (i) Are you applying for financial aid? Yes No
- (j) How did you learn about Margolin Hebrew Academy / Feinstone Yeshiva of the South? _____
- _____
- _____
- _____

(6) PERTINENT JEWISH INFORMATION

(a) Synagogue affiliation: _____

(b) Is the Applicant Jewish-by-birth? If not, did the applicant convert? If applicable, please submit all conversion documents. _____

(c) Is the Applicant's mother Jewish-by-birth? If not, did the applicant's mother convert? If applicable, please submit all conversion documents.

(d) Please list any Jewish organizations with which you are affiliated. _____

(e) Please list any Jewish camps that the applicant attended this past summer, and any additional information you would like us to know about you, your child, or your family: _____

(7) PREVIOUS SCHOOL INFORMATION

Please list the school(s) that your child has attended in the past.

Name of school	From date	To date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

(8) APPLICANT PERSONAL INFORMATION

(Please print)

Applicant's Name _____
Last First Middle

(a) Are there any physical or emotional impairments of which the school should be aware? If so, please describe.

(b) Does your child require any personal and/or academic support at home or at school (tutoring, counseling, medical, etc.)? If so, please explain.

(c) Has the applicant ever applied to or attended Margolin Hebrew Academy / Feinstone Yeshiva of the South in the past? If yes, when?

(d) Please list other schools to which you are applying. _____

(9) EARLY CHILDHOOD PROFILE**TO BE FILLED OUT ONLY IF THE APPLICANT IS ENTERING THE EARLY CHILDHOOD PROGRAM.**

(Please print)

Applicant's Name _____
Last First Middle

(Check one)

Applying for admission to: PreK-3
 PreK-4
 Kindergarten

for the 2025-2026 school year.

To the Parent:**During the early stages in your child's life, you know your child best, and we would welcome your insight.****Please describe your child in each of the following areas:**(1) Developing self-image: _____

_____(2) Social relationships with peers and adults: _____

_____(3) Special needs and interests: _____

_____(4) Is there any other area of concern that you would like to share with us? _____

APPLICATION CHECKLIST

PLEASE REVIEW AND CHECK THE FOLLOWING TO ENSURE THAT YOUR APPLICATION IS COMPLETE:

- (1) Please make sure Sections 1 - 9 of the application have been completed. A separate application is required for each student.
- (2) Please make sure you have included the application fee of \$110 per student (max. \$220 per family). Please pay online at mhafyos.org/donate.
- (3) **Immunization records and supplemental health forms are required to be submitted to the MHA Office before a student can attend.**

For questions regarding this application or to schedule a visit to the school, please contact:

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Office of Admissions
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Memphis, TN 38117
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