

APPLICANT NAME \_\_\_\_\_

**Early Childhood  
2024-2025**

# 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.
- 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.

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

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

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

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**(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 2024-2025 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).
- (3) **Immunization records and supplemental health forms are required to be submitted to the MHA Office before a student can attend.** Please submit a copy of your child's COVID-19 vaccination card if applicable.

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

**Erica Stoltz  
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