



*Child's photograph*

# **ALBERT EINSTEIN ACADEMY**

101 Garden of Eden Road

Wilmington, DE 19803

Telephone: (302) 478-5026

Fax: (302) 478-0664

Website: [www.aeacademy.org](http://www.aeacademy.org)

Email Address: [aea@aeacademy.org](mailto:aea@aeacademy.org)

## **APPLICATION FOR ADMISSION**

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Name

Michal Cherrin, Head of School & Director of Jewish Studies

Debbie Nachlis, Director of Admissions and Development

For School Year \_\_\_\_\_ - \_\_\_\_\_

Entering Grade \_\_\_\_\_

**Name of Child** \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Male  Female  Birth date \_\_\_/\_\_\_/\_\_\_ (Attach copy of birth certificate)

Child born in the US? Yes  No  If no, how long has the child lived here? \_\_\_\_\_

Home address \_\_\_\_\_

(Street and Number)

\_\_\_\_\_  
(City) (State) (Zip Code) (Phone Number)

Custody Arrangements (if applicable) \_\_\_\_\_

**Information: Parent #1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Spouse (if different from below) \_\_\_\_\_

Home address (if different from child) \_\_\_\_\_

Home phone (if different from child) \_\_\_\_\_

Employer \_\_\_\_\_ Position/Occupation \_\_\_\_\_

Business address \_\_\_\_\_

Business phone \_\_\_\_\_ Email address \_\_\_\_\_

Cell phone \_\_\_\_\_ Fax number \_\_\_\_\_

**Information: Parent #2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Spouse (if different from above) \_\_\_\_\_

Home address (if different from child) \_\_\_\_\_

Home phone (if different from child) \_\_\_\_\_

Employer \_\_\_\_\_ Position/Occupation \_\_\_\_\_

Business address \_\_\_\_\_

Business phone \_\_\_\_\_ Email address \_\_\_\_\_

Cell phone \_\_\_\_\_ Fax number \_\_\_\_\_

**Schools Attended** *(Include daycare and nursery)*

Current school \_\_\_\_\_ Dates \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone)*

Previous school \_\_\_\_\_ Dates \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone)*

Synagogue affiliation \_\_\_\_\_

Do you or your child speak any language other than English? Yes  No

If Yes, what is the primary language spoken at home? \_\_\_\_\_

**Brothers and Sisters**

**Name**

**Age**

**Grade**

**School**

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you learn about Albert Einstein Academy? \_\_\_\_\_

Names and addresses of family and/or friends who attend or have attended Albert Einstein Academy:

\_\_\_\_\_  
\_\_\_\_\_

Are there any special issues in your child's history about which the school should be aware? (medical concerns, physical or emotional development, family life, custodial arrangements, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Albert Einstein Academy seeks to identify and develop the best in all students. Please share with us some of the reasons you feel that Albert Einstein Academy would be a desirable environment for your child and your family. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please sign and return this application with a \$50 non-refundable application fee. Applications cannot be processed without this fee.*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

*Please check here if you are applying for financial aid.*

***For office use only***

Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_