

51 Upper Mark Way
P.O. Box 2687
Kingston 8
Jamaica, W.I.
E-mail: lmacmillanthompson@gohillel.com
E-mail : admissions@gohillel.com
Web Site: www.hillelacademyjm.com



Hillel Academy
Accredited by NEASC
International Baccalaureate World School

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

1. STUDENT INFORMATION

Last Name:	First Name	Middle Name(s)	Proposed date of entry:	Proposed Grade:
Birth Date (day/ month/year):	Gender :	Nationality:	Native Language:	Other language(s):
Please list other countries for which the student holds citizenship:				

2. 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):	Alumnus of Hillel Academy? Yes ☐ / No ☐	If so, what grades and years:
Place of employment:	Position:	Work telephone number:
Tuition Fees paid by Company? Yes ☐ No ☐		

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):	Alumnus of Hillel Academy? Yes ☐ / No ☐	If so, what grades and years:
Place of employment:	Position:	Work telephone number:
Tuition fees paid by Company? Yes ☐ No ☐		

4. PREVIOUS SCHOOL INFORMATION

1. Current School (if applicable):	School's Address:	Contact Person / Phone:	Grades and dates attended:
2. Previous School Attended (if applicable):	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? Yes ☐ / No ☐ 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:	Gender:
2.. Sibling's First Name & Last Name:	Current school sibling attends:	Date of Birth:	Gender:
3.. Sibling's First Name & Last Name:	Current school sibling attends:	Date of Birth:	Gender:

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):

.....

.....

.....

.....

7 SCHOOL RULES AND REGULATIONS

Each parent / student will receive an information package which contains important information about all aspects of school life and policies and the particular programme with which parents and students are expected to comply.

8. NEW STUDENT REGISTRATION FEE

The Registration Fee of JS\$7,000 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 ENROLMENT 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: US \$1,750.00	New IB student Enrolment Fee: US \$875.00	New International student Enrolment Fee: 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.** Payment must be made as per the Parent/School Contract, which forms part of the Offer Letter. 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 Reports, Transcripts and Recommendations until all accounts have been settled in full.

11. AGREEMENT

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 JS\$7,000.00 so that this application can be processed and my child evaluated before the School can make any decision about admission.

FALSIFICATION OR OMISSION OF ACADEMIC RECORDS AND DIAGNOSTIC TESTING WILL BE CAUSE FOR REVOCATION OF 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.

The School reserves the right to adjust all fees at any time without prior notice.

.....
 Signature of Parent / Guardian

.....
 Date: (Day / month / year)

FOR OFFICIAL USE ONLY: The following documents have been received

1. Certified Copy of Birth Certificate ☐	TEST SCORES	
2. Transcript/ School Reports from previous school ☐	English.....	Entry approved to Grade _____
3. Assessment Reports (if applicable) ☐	Math.....	Date of Entry _____
4. Photograph ☐		
5. PEP/ CSEC Results (if applicable) ☐	Entry recommended ☐	Date of offer: _____
6. Medical Report ☐	Entry not recommended ☐	Date of payment of enrolment _____
7. Copy of Immunization ☐		
Entry Approved: _____ Date: _____		
Date Registration Fee Paid..... Receipt #.....		Principal