

APPLICANT INFORMATION

To be completed by the applicant's parent or guardian

Applying to enter Transition N1 N2 N3
 N2 Hebrew Immersion N3 Hebrew Immersion

Applicant's Name _____
First Middle Last

Preferred Name/Nickname _____ Male Female

Date of Birth _____ Place of Birth _____
Month Day Year

Citizen of _____

Applicant's Home Address _____
Street / Post Office Box

_____ Applicant's Home Phone (_____) _____
City State Zip Area Code

Applicant lives with: Parents Mother Father Other (please specify) _____

A \$100 application fee is required to complete your application

Please glue a recent photograph of parent 1

Please glue a recent photograph of parent 2

Please glue a recent photograph of the applicant.

SCHOOL INFORMATION

Applicant's Current School _____ Current Grade _____

School Head/Principal/Counselor _____

School Address _____
Street City State Zip

School Phone (_____) _____ Check if: Public Private
Area Code

OFFICE USE ONLY

Year of Entry _____ Date Rcvd _____ Check # _____
M# _____ ID# _____

FAMILY INFORMATION

Parent 1

Parent 2

Please circle:
Mr./Mrs./Ms./Dr./Rabbi

Please circle:
Mr./Mrs./Ms./Dr./Rabbi

First Middle Last

First Middle Last

Relationship: Father Stepfather
 Mother Stepmother
 Other (specify) _____

Relationship: Father Stepfather
 Mother Stepmother
 Other (specify) _____

Home Address _____
Street/Post Office Box

Home Address _____
Street/Post Office Box

City State Zip

City State Zip

Home Phone (_____) _____
Area Code

Home Phone (_____) _____
Area Code

Cell Phone (_____) _____
Area Code

Cell Phone (_____) _____
Area Code

E-mail Address _____

E-mail Address _____

Citizen of _____ Birthdate _____

Citizen of _____ Birthdate _____

Employer _____

Employer _____

Type of Business _____

Type of Business _____

Occupation _____

Occupation _____

Job Title _____

Job Title _____

Business Address _____

Business Address _____

Business Phone (_____) _____
Area Code

Business Phone (_____) _____
Area Code

Business E-mail Address _____

Business E-mail Address _____

Educational Background
School Degree/Subject Year of Graduation

Educational Background
School Degree/Subject Year of Graduation

Marital Status: Married Single Divorced Separated Widowed

Please Note: If parents live separately, admission correspondence and billing statements can only be sent to one address. Please indicate to which address you prefer all correspondence be sent.

Parent 1 Parent 2 Other (specify) _____

Address (if not listed above): _____

In the case of separation or divorce, it is necessary for the School to have the signatures of both natural parents.

Signature _____ Date _____ Signature _____ Date _____

Other Children in Family

Name _____ Date of Birth _____ Sex _____ Current School _____

Name _____ Date of Birth _____ Sex _____ Current School _____

Name _____ Date of Birth _____ Sex _____ Current School _____

Please mail your completed application and \$100 non-refundable fee to:

Marla Minden, Director of Early Childhood
Wise School Early Childhood
15500 Stephen S. Wise Drive • Los Angeles, CA 90077
www.WiseLA.org/ECC • 310.889.2248