



2009-2010 APPLICATION FOR ADMISSION

• Program Registration and Re-Enrollment Contract must accompany this form •

STUDENT INFORMATION

Date ____/____/____ Grade Level ____ Fall ____ Spring ____
Child's age as of September 1, 2009 _____

Full name of student _____
LAST FIRST MIDDLE

Home address _____ Phone _____
STREET CITY STATE ZIP

Hebrew name(s) _____ Social security # ____-____-____ Male

Date of birth ____/____/____ Place of birth _____ Female
MONTH DAY YEAR

Name and location of previous school(s) attended, if any:

SCHOOL	ADDRESS	YEARS (FROM - TO)	GRADE(S)
_____	_____	_____	_____
_____	_____	_____	_____

COPIES OF BIRTH CERTIFICATE AND RECORDS FROM PRIOR SCHOOL **MUST** ACCOMPANY THIS FORM

FAMILY INFORMATION

Parent/Guardian (1) _____ Place of birth _____

Cell phone _____ E-Mail address _____

Company _____ Occupation/Title _____

Business address _____ Bus. phone _____ Pager _____

Parent/Guardian (2) _____ Place of birth _____

Cell phone _____ E-Mail address _____

Company _____ Occupation/Title _____

Business address _____ Bus. phone _____ Pager _____

Bank reference _____

NAME BRANCH PHONE

Personal reference other than a relative _____ Phone _____

Home address _____
STREET CITY STATE ZIP

Synagogue affiliation _____

Are both parents living? Yes No If not, which is living? Mother Father

Are parents Divorced Separated If checked, child resides with _____

Send school communications to Home Other _____

Are both parents biological parents? Yes No Are both parents Jewish by birth? Yes No

If either answer is no, please explain _____

IF CHILD OR EITHER PARENT WAS NOT BORN JEWISH, ATTACH COPIES OF CONVERSION DOCUMENTS TO THIS FORM.

Race: Caucasian Hispanic Asian African American Other : _____

Providing this information is voluntary. The information you choose to provide will be used in a non-discriminatory manner, consistent with applicable civil laws, solely for required reporting under federal and/or state laws.

(OVER, PLEASE)

Applicant's brothers and sisters

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Grandparents (1) _____

Home address _____ Phone _____

STREET

CITY

STATE

ZIP

Grandparents (2) _____

Home address _____ Phone _____

STREET

CITY

STATE

ZIP

Briefly state why you want your child to attend Akiba Academy _____

How did you find out about Akiba Academy? _____

What do you anticipate will be the highest (or last) grade your child completes at Akiba Academy?

(Circle one) KTT - NIT - CHA - K - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8

Do you wish to apply for tuition assistance? Yes No