



*Stellar Education
for Every Jewish Child*

APPLICATION
FOR
ADMISSION
TO GRADE

APPLICATION FOR ADMISSION

1. Child's Name _____
(Last) (First) (Middle) (Hebrew)

Nickname _____ Age _____ Date of Birth _____ M F

2. Address _____
(Street) (City) (Zip)

3. Telephone (_____) _____

4. Present School _____ Present Grade _____

Address _____
(Street) (City) (Zip)

Telephone (_____) _____

5. Father's Name _____
(Last) (First) (Middle) (Hebrew)

Employer _____ Position _____

Business Address _____

Business Phone (_____) _____ E-mail _____

6. Mother's Name _____
(Last) (First) (Middle) (Hebrew)

Employer _____ Position _____

Business Address _____

Business Phone (_____) _____ E-mail _____

7. If parents are separated, divorced, or deceased, please state: _____

With whom does the child live? _____ Tuition paid by _____

Address (if different from above) _____

over

8. Names and birth dates of siblings: _____

9. List any special interests of the child: _____

10. Has your child experienced any serious illness or accident? (Give dates and nature of illness or accident). _____

11. Does your child have any special needs? (Physical, emotional, educational). _____

12. Is your child taking any medications, prescribed or otherwise, on a regular basis? _____

13. How did you learn about the Rudlin Torah Academy? _____

14. Please add any comments that you feel might be helpful to us: _____

15. Synagogue affiliation (if any) _____

(Signature of Parent or Guardian)

(Date)

For School Use Only
