



*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) \_\_\_\_\_

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(Signature of Parent or Guardian)

(Date)

For School Use Only

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