



# 2010-2011 APPLICATION FOR ADMISSION FOR INFANT CARE

(3 months – 18 months)

- Application Fee and Program Selection Form must accompany this form •

## EXPECTANT PARENT INFORMATION

Infant estimated due date \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ For Office Use

Preferred enrollment date \_\_\_\_\_

## STUDENT INFORMATION

Full name of infant \_\_\_\_\_  
LAST FIRST MIDDLE

Home address \_\_\_\_\_ Phone \_\_\_\_\_  
STREET CITY ZIP

Hebrew name(s) \_\_\_\_\_ Social security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth \_\_\_\_\_  Female  
MONTH DAY YEAR

## 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 \_\_\_\_\_

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.***

**OVER, PLEASE**

Applicant's brothers and sisters

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Applicant's grandparents

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

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) TNN - KTT - JN - SN - K - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8

Application fee of \$200 must accompany this form.

Final acceptance of new applicants by Akiba Academy is subject to the availability of class space and by approval of the Head of School. In the event that class space is unavailable, the Application Fee of \$200.00 will be refunded, unless the parent/guardian wishes for the child to remain on a waiting list until space becomes available.

Parent (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

*AKIBA ACADEMY OF DALLAS IS OPEN TO JEWISH CHILDREN AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONALITY OR ETHNIC ORIGIN.*