



# 2008-2009 APPLICATION FOR ADMISSION

• Program Registration must accompany this form •

## STUDENT INFORMATION

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_  
Child's age as of September 1, 2008 \_\_\_\_\_

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 : \_\_\_\_\_

Applicant's brothers and sisters

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

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

(OVER, PLEASE)

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

**CONTRACT:** THE UNDERSIGNED, AS PARENT(S) AND/OR GUARDIAN(S) OF A STUDENT OF AKIBA ACADEMY OF DALLAS (SCHOOL), ACCEPT THE FOLLOWING TERMS:

- 1 We agree that the applicant must abide by all of the rules and regulations governing student conduct, and that the applicant must also conform with the School's standard of academic performance. We understand that our child's continuity and re-enrollment will depend upon ongoing evaluation premised upon the above criteria. We authorize the School to administer educational and diagnostic tests as needed.
- 2 It is understood that enrollment at Akiba Academy is conditional upon payment of tuition and fees in accordance with the payment schedule set forth by Akiba Academy's Board of Directors and/or its authorized representatives. TUITION AND FEES ARE NON-REFUNDABLE. Please see Tuition & Fee Policies for details.
- 3 Registration of any student is not complete, and a student may not attend classes at Akiba Academy, until all applicable fees have been paid and authorized arrangements have been made for tuition payment.
- 4 Tuition is payable in advance in full by June 1, (prepayment benefits if paid by March 31), or by monthly payments made by automatic deduction from parents' bank account. Any alternate payment arrangements must be approved in writing by the President or Treasurer of Akiba Academy. Parents approved for tuition assistance must submit payments in accordance with the payment plan approved by the Financial Aid Committee.
- 5 The Application Fee of \$200.00 per student is due with this application, and is not refundable.
- 6 The New Student Processing Fee is \$350.00 per student and is not refundable.
- 7 Final acceptance of new applicants by Akiba Academy (School) 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 New Student 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. *The School reserves the right to decline enrollment of any student at its discretion, and for any cause deemed sufficient by the School. A positive and constructive working relationship between the School and a student's parent(s)/guardian is essential in the fulfillment of the School's educational purpose. Thus, the School reserves the right not to extend enrollment to a student if the School reasonably concludes that the actions of a parent(s)/guardian make such a positive and constructive relationship impossible or otherwise seriously interfere with the School's accomplishment of its educational purpose.*
- 8 Students' school records are released only if there is no outstanding indebtedness to the school. School records, transfer/transcript requests require a \$25 fee per student per request before processing (fee does not apply to 8th grade graduates).

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

## PARENTAL CONSENT

I/We, the undersigned, give Akiba Academy of Dallas permission to photograph my child for publicity purposes, and to publish the photographs. I/We give permission for my child to participate in, and to be transported to and from school sponsored field trips and outings during this school year. I/We release Akiba Academy and all persons acting on its behalf from any and all liabilities that may be incurred as a result of any acts or omissions regarding the above-named child at both on and off campus activities.

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

Akiba Academy of Dallas is open to children of the Jewish Faith and does not discriminate on the basis of race, color, nationality or ethnic origin.