

A K I B A
academy of dallas



Office Use Only:

APPLICATION FOR ADMISSION

*Please submit this application along with \$200 application fee, a copy of birth certificate, and completed program selection form

STUDENT INFORMATION

Today's date _____ Program/Grade applying for: _____

Child's age as of September 1, 2010: _____

Male Female

Full name _____ Preferred Name _____ Birthdate _____

Place of Birth _____ Hebrew Name(s) _____ Social Security Number _____

Home address _____

Street _____ City _____ State _____ Zip _____ Phone _____

What is applicant's first language: _____ What other language(s) does the applicant speak? _____

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

School	Address	Years(from-to)	Grade(s)

Race: Caucasian Hispanic Asian African American Other: _____

FAMILY INFORMATION

Parent and/or Guardian (1) _____ Relation to child _____

Cell phone _____ Email _____ Place of birth _____

Company _____ Occupation/Title _____

Business address _____ Business phone _____

Parent and/or Guardian (2) _____ Relation to child _____

Cell phone _____ Email _____ Place of birth _____

Company _____ Occupation/Title _____

Business address _____ business phone _____

Synagogue affiliation _____

Are both parents living? yes no If not, which is living? mother father

Are parents Married Divorced Separated If Divorced or Separated, child resides with _____

If either parent is remarried, please list any step parent information here:

Name _____ Name _____

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 the conversion documents to this form.

Applicant's siblings:

Name Age Date of birth Current School

Name Age Date of birth Current School

Name Age Date of birth Current School

Maternal Grandmother

Name _____

Address _____ City / State _____ Zip _____

Maternal Grandfather

Name _____

Address _____ City / State _____ Zip _____

Paternal Grandmother

Name _____

Address _____ City / State _____ Zip _____

Paternal Grandfather

Name _____

Address _____ City / State _____ Zip _____

Are any family members Akiba former students or Alumni? If yes, please list name(s) and years attended

Briefly state why you want your child to attend Akiba Academy

How did you find out about Akiba Academy? _____

How long do you anticipate student will attend Akiba? Preschool Kindergarten 1 2 3 4 5 6 7 8

Do you wish to apply for Tuition Assistance? yes no

The information provided is true and accurate. I understand that completion of this application does not guarantee admittance.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

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

