

STUDENT DATA

Applying for grade _____ For fall of _____ Date _____

Name of child _____

FIRST

MIDDLE

LAST

NICKNAME

HEBREW NAME

Date of birth _____ Age _____ M F Place of birth _____

Address _____

STREET

CITY

STATE

ZIP

Phone (_____) _____ Citizenship _____

Child lives with: Both parents Mother Father Guardian Other _____

FAMILY INFORMATION

FATHER'S PROFILE Mr. Dr.

FIRST NAME _____ LAST _____

Date of birth _____ Birthplace _____

Religion of father _____

Home address _____

STREET

CITY

STATE

ZIP

Home telephone (_____) _____

Email address _____

Fax (_____) _____

Cell phone (_____) _____

Pager (_____) _____

Occupation _____

Name of business _____

Business address _____

STREET / POST OFFICE BOX

CITY

STATE

ZIP

Business phone (_____) _____

Position in firm _____ # of years _____

Degrees attained and institutions where they were earned _____

Religious training and /or conversion _____

MOTHER'S PROFILE Ms. Mrs. Dr.

FIRST NAME _____ (MAIDEN) _____ LAST _____

Date of birth _____ Birthplace _____

Religion of mother at child's birth _____

Home address _____

STREET

CITY

STATE

ZIP

Home telephone (_____) _____

Email address _____

Fax (_____) _____

Cell phone (_____) _____

Pager (_____) _____

Occupation _____

Name of business _____

Business address _____

STREET / POST OFFICE BOX

CITY

STATE

ZIP

Business phone (_____) _____

Position in firm _____ # of years _____

Degrees attained and institutions where they were earned _____

Religious training and /or conversion _____

PLEASE ATTACH A RECENT PHOTOGRAPH OF THE APPLICANT

FAMILY INFORMATION (continued)

Cultural background, Mother: _____ Father: _____

This question is for statistical purposes only. Sinai Akiba Academy seeks students from all backgrounds. We appreciate your response.

Primary language spoken at home _____

Other languages _____

Others living in household (siblings, grandparents, etc.)

Name _____ Relationship _____ DOB _____ School _____ Grade _____

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Is either parent an SAA graduate? Yes No Class of _____

Did either parent attend a Jewish day school? Yes No If yes, where? _____

Are you members of Sinai Temple? Yes No Membership number _____

Are you members of another synagogue? Yes No If yes, where? _____

Will you be applying for financial assistance? Yes No

Do you also have a child who is applying to enter the Douglas Family Early Childhood Center in September? Yes No

Have any siblings applied to, or attended, Sinai Akiba Academy or the Douglas Family Early Childhood Center? Yes No

Relationship _____ Name _____ Grade _____ Years _____

Relationship _____ Name _____ Grade _____ Years _____

How did you hear about Sinai Akiba Academy? _____

Do you know families who have attended, or are attending, Sinai Akiba Academy? Yes No

Name(s) _____

Please list any community, civic or charitable organizations of which you are a member.

APPLICANT'S SCHOOL HISTORY

Child's current school _____ Phone number (_____) _____

Current grade _____ Head of school _____ Current teachers _____

Address of school _____

APPLICANT'S SCHOOL HISTORY (continued)

Please list all previous schools attended, starting with preschool:

School _____
Address _____ Dates _____ Grades _____
School _____
Address _____ Dates _____ Grades _____
School _____
Address _____ Dates _____ Grades _____

Please list Jewish schools attended (if different from above), including Sunday school or religious school:

School _____
Address _____ Dates _____ Grades _____
School _____
Address _____ Dates _____ Grades _____

STUDENT INFORMATION

Has an application been submitted for this child in the past? Yes No For which grade? _____

What are your reasons for submitting an application to our school? _____

Is your child seeing a specialist (e.g., tutor, physician, psychologist, special ed. teacher, speech therapist, reading specialist)?

Yes No If yes, please explain _____

Are there any factors that have had an impact on your child's academic or social progress to date (e.g., changes of home or school, death or divorce, etc.)? _____

Is there anything that would prevent your child from participating in a full range of school activities? _____

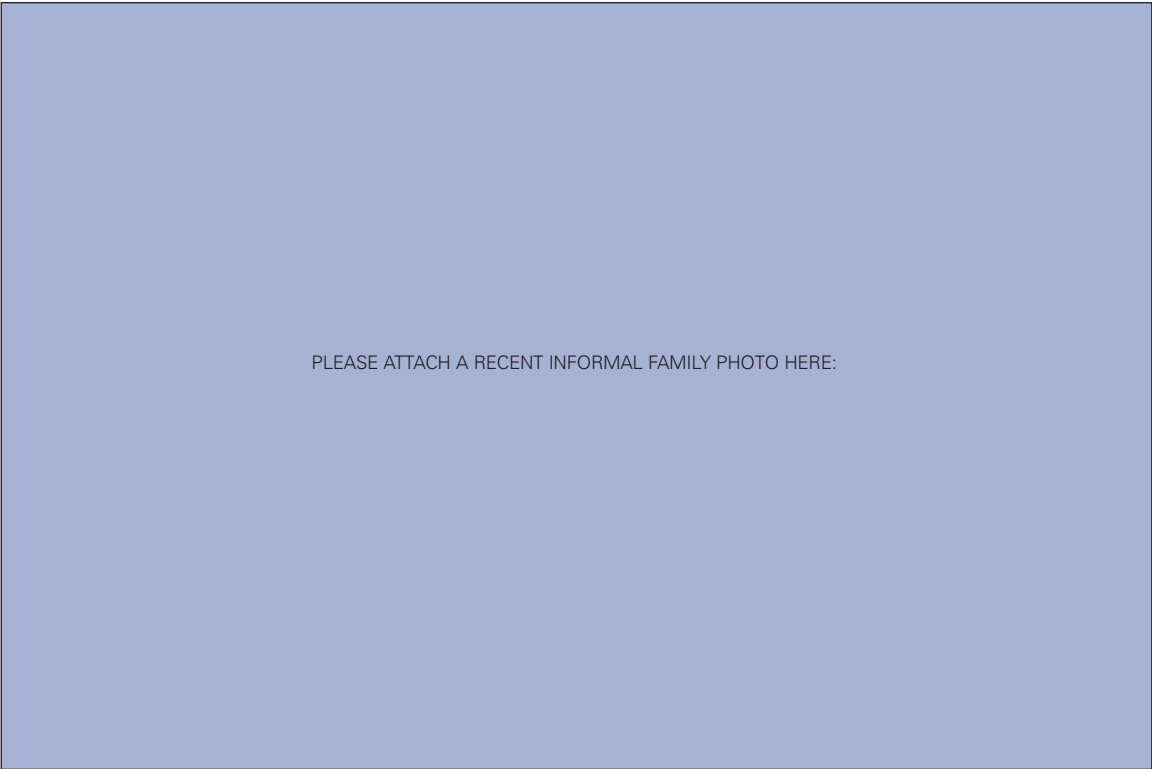
Does your child:

Participate in after-school related activities? Yes No List _____

Play an instrument? Yes No Which? _____

Exhibit any special talent in art, music, athletics, academics, etc.? _____

Please describe your child in some detail so that we may better understand him/her. Thank you. _____



We understand that upon acceptance to Sinai Akiba Academy we must become full Sinai Temple members regardless of other temple affiliations. We authorize Sinai Akiba Academy to contact our child's current and previous schools, counselors, doctors, and therapists for information about our child. We understand and agree that Sinai Akiba Academy will not disclose to us materials or information obtained in this process.

FATHER'S SIGNATURE _____ DATE _____

MOTHER'S SIGNATURE _____ DATE _____

This application should be accompanied by a \$150.00 non-refundable application fee. Please make checks payable to Sinai Akiba Academy. In addition, please include a copy of your child's birth certificate.

