

# TORAH ACADEMY OF JACKSONVILLE

## Application for Admission Page 1

**Child's Name:**

\_\_\_\_\_

Last name

First name

Middle

\_\_\_\_\_

Preferred Name

\_\_\_\_\_

Hebrew name

**Birth Information:**

\_\_\_\_\_

Date of birth (Month/Day/Year)

\_\_\_\_\_

Place of birth (City, State, Country)

**Applying For:**

Circle One:    Nursery    VPK    K-8

\_\_\_\_\_

Academic year

\_\_\_\_\_

Entering grade

**Home Address:**

\_\_\_\_\_

Number, street

\_\_\_\_\_

Apartment number

\_\_\_\_\_

City, State, Zip

(\_\_\_\_) \_\_\_\_\_

Telephone number

**Present School:**

\_\_\_\_\_

Name of School

\_\_\_\_\_

Address

\_\_\_\_\_

Phone Number

**Parents Information:**

If a person other than parents should receive school correspondence, please write an explanation on a separate sheet.

♦ **Father (or guardian)**

Dr. Mr. Rabbi

Title (Circle One)

\_\_\_\_\_

Name

\_\_\_\_\_

Hebrew name

\_\_\_\_\_

Home address (if different than above)

\_\_\_\_\_

Occupation

\_\_\_\_\_

Business address

\_\_\_\_\_

Business phone

\_\_\_\_\_

Cellular phone

\_\_\_\_\_

E-mail address

♦ **Mother (or guardian)**

Dr. Mrs. Ms.

Title (Circle One)

\_\_\_\_\_

Name

\_\_\_\_\_

Hebrew name

\_\_\_\_\_

Home address (if different than above)

\_\_\_\_\_

Occupation

\_\_\_\_\_

Business address

\_\_\_\_\_

Business phone

\_\_\_\_\_

Cellular phone

\_\_\_\_\_

E-mail address

♦ Synagogue Affiliation: \_\_\_\_\_

♦ Name and Phone # of Rabbi: \_\_\_\_\_

♦ Family Reference - Name and Phone #: \_\_\_\_\_

♦ Is the applicant Jewish by birth?  Yes  No If not, please explain: \_\_\_\_\_

♦ Are both parents Jewish by birth?  Yes  No If not, please explain: \_\_\_\_\_

♦ Child lives with:  Both Parents  Mother  Father  Both Parents in separate houses

♦ Check if applicable:  Parents Divorced  Parents Separated  Father Remarried  Mother Remarried  
 Father Deceased  Mother Deceased

♦ Who maintains custodial rights to this child?  Both Parents  Mother  Father  Other \_\_\_\_\_

♦ Does your child have any special educational needs?  Yes  No

♦ Does your child have any special medical needs/allergies?  Yes  No

♦ Does your child have any special emotional needs?  Yes  No

♦ If yes to any of the above, please provide details: \_\_\_\_\_

♦ Is there any other information about your child that you would like to share with us?

♦ Previous schools attended: \_\_\_\_\_

Name	City/State	Phone	Years Attended
_____	_____	_____	_____
_____	_____	_____	_____

Name	City/State	Phone	Years Attended
_____	_____	_____	_____

♦ Names of other children in family and school attending:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

♦ Upon acceptance, I will be applying for tuition assistance at <https://online.factsmgmt.com>:  Yes  No

♦ Please return this application for admission with the following:

- \$125 application fee (to be applied to registration fee upon acceptance and registration)
- Previous school records, mailed directly to Torah Academy by the school
- Completed Immunization form and Health Examination Form
- Birth Certificate

*Torah Academy of Jacksonville admits student of any race, color, national or ethnic origin to all the rights, privileges and programs made available to all students at this school.*

I hereby apply for my child \_\_\_\_\_ to attend Torah Academy of Jacksonville.  
Name of Child

I authorize \_\_\_\_\_ to forward all records requested by Torah Academy regarding this application.  
Previous School Name

I understand that this application does not guarantee acceptance.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date