



Please Attach Photo Here
Please attach a copy of the student's birth certificate to the completed application.

Application For Admission

Application for Grade: _____ School Year: **2008-2009**
Student's Full Name: _____ Male Female
Student's Hebrew Name: _____ Student's Hebrew Birth Date: _____
Student's SS#: _____ Date of Birth: _____ Age in September _____
Home Address: _____ Phone Number: _____

Child lives with: _____ Place of Birth: _____
Public School District: _____ Current School: _____
Synagogue Affiliation: _____

Family Information

Parent / Guardian 1

Mr. Mrs. Ms. Dr. Rabbi Other:
Full Name: _____
Relationship to child: _____
Marital Status: _____
Home address if different from child:

Day phone: _____ Cell phone: _____
Email address: _____
Occupation: _____
Religion:
 Jewish By birth By choice Other: _____

Parent / Guardian 2

Mr. Mrs. Ms. Dr. Rabbi Other:
Full Name: _____
Relationship to child: _____
Marital Status: _____
Home address if different from child:

Day phone: _____ Cell phone: _____
Email address: _____
Occupation: _____
Religion:
 Jewish By birth By choice Other: _____

Sibling Information

Name:	Date of Birth:	Gender:	Current Grade:	School:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Grandparent Information

Name(s): _____ Address: _____
Name(s): _____ Address: _____

Alumni Relatives

Name(s): _____ Address: _____
Name(s): _____ Address: _____

Please help us learn more about your child and your family.

What are your principal reasons for choosing to send your child to Bet Shraga Hebrew Academy of the Capital District?

Describe the qualities you associate with your child- including strengths and weaknesses, special interests and hobbies.

What are your expectations for your child?

Please write any information about your child that would be helpful to us. Are there any special issues in your child's history of which the school should be aware (medical concerns, allergies, physical or emotional development, special needs, family life, etc)?

Please indicate if your child has had an educational/psychological evaluation or has/had an IEP (Individualized Education Plan)?

TO PROCESS THIS APPLICATION, PLEASE INCLUDE A
\$25 NON-REFUNDABLE APPLICATION FEE .

This fee is applied to Registration and Membership Charge upon acceptance. Please return all papers to the office upon completion.

Parent 1 Signature

Parent 2 Signature

Date

Date

Revised 11/12/2007