



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: **2012-2013**  
Student's Full Name: \_\_\_\_\_  Male  Female  
Student's Hebrew Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age in September \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Child lives with: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**Education History**

Public School District: \_\_\_\_\_ Current School: \_\_\_\_\_  
Previous Schools: \_\_\_\_\_

**Family Information**

**Parent / Guardian 1**

Mr. Mrs. Ms. Dr. Rabbi Other:  
Full Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Home address if different from child:  
\_\_\_\_\_  
Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Religion:  Jewish  Other: \_\_\_\_\_  
Parents are: married partners separated  
divorced widowed  
Parent 1 is married to \_\_\_\_\_  
Synagogue Affiliation \_\_\_\_\_

**Parent / Guardian 2**

Mr. Mrs. Ms. Dr. Rabbi Other:  
Full Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Home address if different from child:  
\_\_\_\_\_  
Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Religion:  Jewish  Other: \_\_\_\_\_  
Parents are: married partners separated  
divorced widowed  
Parent 2 is married to \_\_\_\_\_  
Synagogue Affiliation \_\_\_\_\_

**PLEASE INCLUDE A \$75 NON-REFUNDABLE APPLICATION FEE.**

Your cancelled check will serve as a receipt. Application fees cover evaluation conducted during the application process. Please return all papers to the office upon completion.

Parent 1 Signature

Parent 2 Signature

Date

Date

To whom should admission information be sent? \_\_\_\_\_



Student's Full Name: \_\_\_\_\_

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

How did you hear about Bet Shraga Hebrew Academy of the Capital District and why do you feel this would be a desirable environment for your child and family?

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) or a 504 plan? \*If the answer is "yes", please provide document to the Admissions office.

**Sibling Information**

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

**Alumni Relatives**

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