

THE HEBREW ACADEMY OF LONG BEACH

APPLICATION FOR ADMISSION

DATE OF INTERVIEWS: PRINCIPAL _____ PRE-SCHOOL DIRECTOR _____
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___ NEW HALB FAMILY ___ SCHOOL RECORDS REC'D ___ CHECK NUMBER

I hereby make application for the admission of my child to HALB for the year beginning September 2010. **School policy dictates the age cut-off date of December 31st. Your child must be age appropriate by that date. Original birth certificate or passport must be shown at interview.**

(Check one) ___ 3 Year Nursery ___ 4 Year Nursery ___ Kindergarten ___ 1st Grade ___ Grade (Fill in # for Grade 2-8)

1. Student's Name: _____ M _____ F _____
 (Last) (First) (Middle) (Name in Hebrew) **Student's Gender**

Home Address: _____
 (# & Street) (City) (State) (Zip)

E-Mail Address: _____

Home Phone # _____ Mother's Cellular Phone # _____ Father's Cellular Phone # _____

Date of Birth _____ Hebrew Date of Birth _____ Place of Birth _____
 City State Country

PREVIOUS EDUCATION:

SCHOOL	GRADE	FROM	TO

2. **School District:** ___ 14 ___ 15 ___ Long Beach ___ Oceanside ___ Far Rockaway ___ West Hempstead ___ Other

3. FAMILY STATUS

FATHER			MOTHER		
NAME			NAME (Maiden Name)		
BUSINESS OR PROFESSION			BUSINESS OR PROFESSION		
BSNS ADDRESS			BSNS ADDRESS		
BSNS PHONE #s			BSNS PHONE #s		
HOME ADDRESS (if diff. than above)			HOME ADDRESS (if diff. than above)		
BROTHER'S NAME	DATE OF BIRTH	CURRENT SCHOOL	SISTER'S NAME	DATE OF BIRTH	CURRENT SCHOOL

4. **If there are special circumstances - Personal, Family, Medical - Please use other side.**

5. Congregation with which parents are affiliated: _____ Rabbi _____

6. **Emergency Contact: Name** _____ **Relationship** _____ **Phone #** _____
I am aware of policies and guidelines governing the Hebrew Academy of Long Beach

Date _____ Signature(s) of parent(s) or guardian(s) _____ / _____
PLEASE ATTACH \$500 REGISTRATION FEE IN ORDER TO PROCESS APPLICATION.