

THE HEBREW ACADEMY OF LONG BEACH

APPLICATION FOR ADMISSION

DATE OF INTERVIEWS:
 PRINCIPAL _____
 PRE-SCHOOL DIRECTOR _____

___ 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 2012. 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: Mother: _____ Father: _____

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.