

# PHOENIX HEBREW ACADEMY

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## Application For Admission Kindergarten - Eighth Grade

Date\_\_\_\_\_

Entering Grade\_\_\_\_\_

Child's Name\_\_\_\_\_ Hebrew Name\_\_\_\_\_

Address\_\_\_\_\_ Home Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_ Email address\_\_\_\_\_

Date of Birth\_\_\_\_\_ Place of Birth\_\_\_\_\_

Father's English Name\_\_\_\_\_ Hebrew Name\_\_\_\_\_

Father's Profession or Business\_\_\_\_\_

Father's Business Address\_\_\_\_\_ Phone\_\_\_\_\_

Mother's English Name\_\_\_\_\_ Hebrew Name\_\_\_\_\_

Mother's Profession or Business\_\_\_\_\_

Mother's Business Address\_\_\_\_\_

Congregation with which family is affiliated\_\_\_\_\_

Family Physician\_\_\_\_\_ Phone\_\_\_\_\_

Number of children in family\_\_\_\_\_ Numerical position in family\_\_\_\_\_

Emergency contact\_\_\_\_\_ Phone\_\_\_\_\_

	<u>Name of School</u>	<u>Address</u>	<u>Date of Attendance</u>
Previous Education	_____	_____	_____

Does your child have any particular disabilities? (Physical, emotional, nervous)\_\_\_\_\_

Has your child experienced any serious illness or accident? (Give dates and nature of accident/illness)

Enrollment Date\_\_\_\_\_

Parent Signature\_\_\_\_\_