

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_____