

PHOENIX HEBREW ACADEMY

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Application For Admission

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 _____