



APPLICATION FOR ENROLLMENT

Yeshivat Akiva
Akiva Hebrew Day School
At the Schostak Family Campus
21100 W. Twelve Mile Road
Southfield MI 48076
(248) 386-1625
Fax: (248) 386-1632

APPLICATION FOR ENROLLMENT FOR NEW STUDENTS

PERSONAL INFORMATION

- Male
 Female

Entering Grade _____ Date of Application _____

Name of Student _____ Hebrew Name: _____

Address: _____ City: _____ Zip: _____

Resident School District (Public School District): Name: _____ Code: _____

Phone: _____ Date of Birth: _____ Place: _____

PREVIOUS SCHOOLING

Name of School: _____ Grade: _____ Year: _____

Name of School: _____ Grade: _____ Year: _____

PARENT INFORMATION

FATHER'S NAME: _____ Name of Paternal Mother: _____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: _____

E-mail Address _____ Cell Phone: _____

Home Address (If different than student's) _____

MOTHER'S NAME: _____ Name of Maternal Mother _____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: _____

E-mail Address: _____ Cell Phone: _____

Home Address: (If different than student's) _____

Parents are: Married: By Whom: _____ Where: _____

Divorced: Who has Custody? Mother Father Joint

Deceased: Mother Father

Conversion: Mother Father

By Whom: _____ Where: _____

Is child adopted? Yes No

Please check and provide the following documentations where applicable (photocopies are acceptable):

Birth certificate of child Custody verification (in divorce cases) Certification of conversion (of parents)

COMMUNITY INFORMATION

Congregation Affiliation: _____

Organization Affiliation: _____

EXTENDED FAMILY INFORMATION

BROTHERS and SISTERS (Please list youngest first):

Name:	Birth Date:	School Attending:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GRANDPARENTS:

Name:	Address:	Phone:
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT

In case of emergency and parents are not available, the school may contact:

Name:	Phone Numbers:	Relationship:
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

Physician: _____ Phone Number: _____

Pertinent Information (Allergies, Asthma, Illness, etc)

SIGNATURE

Please read and sign the following statement:

I UNDERSTAND THAT THE ADMISSION OF A STUDENT IS SUBJECT TO THE CONDITIONS OF REGISTRATION AND TUITION AND TO THE POLICIES OF THE ADMINISTRATION NOW AND HEREAFTER IN FORCE. A non-refundable \$300.00 registration fee must accompany this enrollment form.

Parent / Guardian Signature _____ Date: _____

Parent / Guardian Signature _____ Date: _____

Yeshivat Akiva—Akiva Hebrew Day School—does not discriminate on the basis of race, color or gender in the administration of its education policies, admissions, scholarships or loan programs, and other school administered programs.

FOR OFFICE USE ONLY—DO NOT WRITE ON THIS PAGE

Admitted: Yes No

Grade Placement: Judaic Studies : _____ General Studies: _____

Testing Results:

Additional Comments:

Signature of Education Director
or Administrator: _____

Date: _____