

# HEBREW ACADEMY OF CLEVELAND

1860 South Taylor Rd. Cleveland Heights, Ohio 44118-5300 (216) 321-5838 Fax (216) 321-0588

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## Application for Registration

**Child's Full Name** \_\_\_\_\_ Hebrew Call Name \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_ S.S.# \_\_\_\_\_  
 School last attended \_\_\_\_\_ Grade last attended \_\_\_\_\_  
 Date to start \_\_\_\_\_ Grade to start \_\_\_\_\_ (For preschool, please check 12:20 1:45 3:30)

**Father's Name** \_\_\_\_\_ Hebrew Name \_\_\_\_\_ S.S.# \_\_\_\_\_  
 Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_ Email \_\_\_\_\_  
 Occupation \_\_\_\_\_ Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ Office Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Hebrew Name \_\_\_\_\_ S.S.# \_\_\_\_\_  
 Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_ Email \_\_\_\_\_  
 Occupation \_\_\_\_\_ Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ Office Phone \_\_\_\_\_

**Paternal Grandparent's Name** \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
**Maternal Grandparent's Name** \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

### OTHER CHILDREN IN FAMILY

NAME	Birth Date	SS#	NAME	Birth Date	SS#

Are both parents living? \_\_\_ If not, who is legal guardian? \_\_\_\_\_ If parents are divorced, who has custody? \_\_\_\_\_  
 Are parents remarried? \_\_\_\_\_ Is mother born of the Jewish faith? \_\_\_\_\_ Is father born of the Jewish faith? \_\_\_\_\_  
 Synagogue member? \_\_\_ yes \_\_\_ no If yes, name of synagogue \_\_\_\_\_

### EMERGENCY CONTACTS IN CLEVELAND (not immediate family or grandparent)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Parent's signature** \_\_\_\_\_ **Date of application** \_\_\_\_\_

**Note: All applications must be accompanied by a copy of the certificate of birth, health record, emergency medical authorization and official transfer (where applicable).**

*This institution maintains an admissions policy that is racially and ethnically non-discriminatory.*

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Health Record/Immunization Record	Registrar _____
<input type="checkbox"/> Emergency Medical Auth.	<input type="checkbox"/> Admission approval	