



FOR OFFICE USE ONLY:
ACADEMIC YEAR: _____
DATE RECEIVED: _____
REGISTRATION FEE: _____
REFERRED BY: _____

Torah Academy of Buffalo Grove APPLICATION FOR ADMISSION 2012-2013

HOW DID YOU HEAR ABOUT OUR SCHOOL?

STUDENT INFORMATION: (PLEASE PRINT)

NAME: _____

_____ (LAST) _____ (FIRST) _____ (FULL MIDDLE) _____ (HEBREW NAME)

DATE OF BIRTH: _____ AGE: _____ GENDER: (CIRCLE ONE) M F

CITIZEN OF: _____

APPLYING FOR: (Check appropriate box)

- 2 YR old program (8:30-11:30)
 - 3 Days M/W/F 2 Days T/TH
- PS – 3 YR old
 - 8:30-12:00 12:00-3:45 8:30-3:45
 - 5 Days- M-F 3 Days- M/W/F 2 Days -T/TH
- PK- 4 YR old (5 days)
 - 8:30-3:45 8:30-12:00 12:00-3:45
- K – 5 YR old (5 days)
 - 8:30-3:45 8:30-12:00 12:00-3:45
- First grade Second grade Third grade Fourth grade

PRESENT SCHOOL: _____ GRADE LEVEL: _____

OTHER SCHOOLS PREVIOUSLY ATTENDED: _____

CHECK IF _____ FATHER DECEASED _____ PARENTS SEPARATED _____ ADOPTED (CHILD AWARE)

APPROPRIATE: _____ MOTHER DECEASED _____ PARENTS DIVORCED _____ ADOPTED (CHILD UNAWARE)

STUDENT LIVES WITH:

(CIRCLE ONE) PARENT GUARDIAN IF GUARDIAN STATE RELATIONSHIP: _____

**Torah Academy of Buffalo Grove
APPLICATION
FOR ADMISSION**

FULL NAMES OF SIBLINGS AND AGES:

(NAME)	(AGE)	(SCHOOLS ATTENDED/ATTENDING)
(NAME)	(AGE)	(SCHOOLS ATTENDED/ATTENDING)
(NAME)	(AGE)	(SCHOOLS ATTENDED/ATTENDING)

STUDENT INFORMATION: (CONTINUED)

(CHILD'S NAME)

BRIEFLY DESCRIBE YOUR CHILD:

WHAT ARE YOUR CHILD'S GREATEST STRENGTHS?

WHAT ARE YOUR CHILD'S HOBBIES AND INTERESTS?

DOES YOUR CHILD PARTICIPATE IN ANY AFTER-SCHOOL ACTIVITIES?

DOES YOUR CHILD HAVE AN IEP OR A PSYCHOEDUCATIONAL ASSESSMENT? YES ___ NO ___

PLEASE INDICATE THE NATURE OF ANY SPECIAL NEEDS OR LEARNING CHALLENGES:

PARENT INFORMATION:

FATHER

TITLE: DR. MR.

NAME: _____

HEBREW NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

EMAIL: _____

COUNTRY OF BIRTH: _____

CITIZENSHIP: _____

SCHOOLS ATTENDED: _____

LANGUAGE SPOKEN AT HOME: _____

CELL PHONE: _____

OCCUPATION: _____

COMPANY NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS PHONE: _____

SYNAGOGUE AFFILIATION: _____

CONVERSIONS IN THE FAMILY: _____

MOTHER

TITLE: DR. MRS. MS.

NAME: _____

HEBREW NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

EMAIL: _____

COUNTRY OF BIRTH: _____

CITIZENSHIP: _____

SCHOOLS ATTENDED: _____

LANGUAGE SPOKEN AT HOME: _____

CELL PHONE: _____

OCCUPATION: _____

COMPANY NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS PHONE: _____

SYNAGOGUE AFFILIATION: _____

CONVERSIONS IN THE FAMILY: _____

GRANDPARENT INFORMATION: THIS INFORMATION WILL ENABLE US TO INVITE GRANDPARENTS TO SPECIAL EVENTS & SEND THEM NOTES FROM THEIR GRANDCHILDREN.

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

EMAIL _____

EMAIL _____

To apply via email, complete the application, save it on your computer, and then email it as an attachment to Admissions@TorahAcademyBG.com. To apply via US mail, send completed application to Torah Academy, 225 McHenry Road, Buffalo Grove IL 60089. A deposit of \$500 towards full tuition will be required to complete registration. Checks can be made out to Torah Academy. You will be called upon receipt of this application to arrange an interview.