



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

Torah Academy of Buffalo Grove APPLICATION FOR ADMISSION 2016-2017

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 boxes)

- Toddlers and Two's (Select both time and days)
 - 8:30-12:00 8:30-3:45
 - 3 Days M/W/F 2 Days T/TH 5 days
- 3 Year old Pre-School (Select both time and days)
 - 8:30-12:00 8:30-3:45
 - 5 Days- M-F 3 Days- M/W/F 2 Days -T/TH
- 4 Year old Pre-K (Select both time and days)
 - 8:30-3:45 8:30-12:00 12:00-3:45
 - 5 Days- M-F 3 Days- M/W/F
- 5 Year old Kindergarten (5 days)
- First grade Second grade Third grade Fourth grade
- Fifth grade Sixth grade Seventh grade
- We'd like pre-care We'd like after-care / H.W. Club / Afterschool Activities

PRESENT SCHOOL: _____ GRADE LEVEL: _____

OTHER SCHOOLS PREVIOUSLY ATTENDED: _____

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 ANY LEARNING CHALLENGES? YES ___ NO ___

IF YES, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE AN IEP? YES ___ NO ___

DOES YOUR CHILD HAVE ANY SOCIAL / EMOTIONAL / BEHAVIORAL CHALLENGES? YES ___ NO ___

IF YES, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE ANY MEDICAL NEEDS / ALLERGIES? YES ___ NO ___

IF YES, PLEASE EXPLAIN: _____

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 / ADOPTIONS: _____

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 / ADOPTIONS: _____

STUDENT LIVES WITH:

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

CHECK IF APPROPRIATE:

___ FATHER DECEASED ___ PARENTS SEPARATED ___ ADOPTED (CHILD AWARE)
___ MOTHER DECEASED ___ PARENTS DIVORCED ___ ADOPTED (CHILD UNAWARE)

FAMILY INFORMATION:

FULL NAMES OF SIBLINGS AND AGES:

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

GRANDPARENT INFORMATION:

PATERNAL GRANDPARENTS:

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

MATERNAL GRANDPARENTS:

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

HOW DID YOU HEAR ABOUT OUR SCHOOL?

To apply via email, complete the application, save it on your computer, and then email it as an attachment to Applications@TorahAcademyBG.com. To apply via US mail, send completed application, to Torah Academy, 720 Armstrong Drive, Buffalo Grove IL 60089. A \$100 application fee should be submitted with your application. Checks can be made out to Torah Academy of Buffalo Grove.

You will be called upon receipt of this application to arrange an interview.