

Beth Shalom Academy

Application Form

Student Information

First Name _____ Middle Name _____

Last Name _____

Hebrew Name _____

Date of Birth ____/____/____

Grade Entering _____

Jewish from birth Y N Date of conversion ____/____/____

Student Information for Second Child

First Name _____ Middle Name _____

Last Name _____

Hebrew Name _____

Date of Birth ____/____/____

Grade Entering _____

Jewish from birth Y N Date of conversion ____/____/____

Student Information for Third Child

First Name _____ Middle Name _____

Last Name _____

Hebrew Name _____

Date of Birth ____/____/____

Grade Entering _____

Jewish from birth Y N Date of conversion ____/____/____

Student Information for Fourth Child

First Name _____ Middle Name _____

Last Name _____

Hebrew Name _____

Date of Birth ____/____/____

Grade Entering _____

Jewish from birth Y N Date of conversion ____/____/____

Parent Information

Father's Name _____

Contact Phone Number _____

Address _____

Father's Email _____

Father's Place of Work _____

Mother's Name _____

Contact Phone Number _____

Address _____

Mother's Email _____

Mother's Place of Work _____

Family Membership at Beth Shalom Congregation _____

Emergency Contact

Name _____

Relationship to Child _____

Phone Number _____

Medical Information

Does your child have any allergies or any medical condition that we should be aware of? If yes, please describe them, and indicate any special precautions or care that will be needed. Please attach up to date vaccination form to this application. Child must be up to date on all vaccinations in order to attend.

Enrollment Agreement

1. Enrollment must be accompanied by a non refundable deposit of \$250
2. Completion of enrollment agreement constitutes an agreement to pay all related tuition costs and fees. The cost of tuition at Beth Shalom Academy is \$10,000. Please indicate if this will be paid:
 - 1 payment, by October 15th of the school year _____
 - 2 equal payments, October 15th and March 15th of the school year _____
 - 10 equal payments, due by the 15th of each school month, starting September 15th _____

3. If fee's are subsidised, a separate agreement will be signed.
4. The student and parents agree to comply with the policies of Beth Shalom Academy. The school operates on the belief that a positive and and constructive relationship between the school and the parental body is essential.

We acknowledge that we have read and fully understand the terms of this enrolment agreement and agree to abide by the terms.

Parent Signature _____ Date _____

Parent Signature _____ Date _____