

Austin Jewish Academy

Application for Admissions

Full Name of Applicant _____ Nickname: _____
(first) (middle) (last)

Applying for Grade _____ Applying for School Year _____ Male Female Date of Birth: _____

City, State, Country of Birth _____ Primary Language _____

Hebrew Name (include transliteration) _____ Hebrew Date of Birth (if known) _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Secondary Address (if applicable) _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Parent / Guardian Information

Parents (Check One) Married Separated Divorced Widow/Widower Other _____

Party Responsible For Payment (Check One) Father Mother Other _____

1. Relationship to Applicant: (Check One)

Father Mother Stepfather Stepmother Guardian Other (Please specify) _____

Last Name _____ (Check One) Mr. Mrs. Ms. Dr. Other _____

First Name _____

Occupation _____

Employer: _____ Work Phone (____) _____

Cell Phone/Pager (____) _____ Email _____

2. Relationship to Applicant: (Check One)

Father Mother Stepfather Stepmother Guardian Other (Please specify) _____

Last Name _____ (Check One) Mr. Mrs. Ms. Dr. Other _____

First Name _____

Occupation _____

Employer: _____ Work Phone (____) _____

Cell Phone/Pager (____) _____ Email _____

Applicant's Current School and All Prior Schools

Name of School	Dates of Attendance
1.	
2.	
3.	
4.	

Additional Religious/Jewish Education (Hebrew School/Religious School, etc.)

Name of School	Dates of Attendance
1.	
2.	
3.	
4.	

Has your child received any testing or counseling? _____ Yes _____ No

If yes, please explain: _____

If you have any standardized or independent testing, psychological evaluation or other assessment information about your child, please submit a copy with this application.

Family Information

Siblings:

Name: _____ Birth date: _____ Name: _____ Birth date: _____
Name: _____ Birth date: _____ Name: _____ Birth date: _____
Name: _____ Birth date: _____ Name: _____ Birth date: _____

Does your family have any other relatives who currently attend or previously attended AJA? If so, list below.

Child's Name	Relationship	Year(s) of Attendance

Application fees are non-refundable. Tuition Assistance is available to qualified applicants.

Please contact the Business Office if you desire a Tuition Assistance application packet.

All the information in this application is true, complete, and correct. I understand that the admissions packet is not complete until this Application, the Confidential Evaluation Forms, transcripts and student records from previous schools, and non-refundable check for the \$100 Application Fee have been received by Austin Jewish Academy. I understand that no action will be taken on this Application until the packet is complete.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

AJA REFERRAL PROGRAM:

Please indicate the name of a family who played a **significant role** in referring you to Austin Jewish Academy.
