APPLICATION FOR ADMISSION
TORAH ACADEMY OF MILWAUKEE FOR GIRLS

APPLICANT
Name
Last_____First_____MI_____Hebrew_____

Address_____City_____State_____Zip_____

Home phone_____ Cell:_____Email:_____

Present School_____ Address_____

Phone_____ Present grade _____

Place of birth_____ Date of birth_____

Social Security Number_____
Convert: Yes _____ No ____ If yes, officiating Rabbi and phone Number:_____

PARENTS
Father or Guardian_____
Father's address_____
Father's employer_____ Occupation _____
Phone numbers: H: _____, Cell:_____ W:_____
Email address: _____
Synagogue Affiliation _____Rabbi_____
Convert: Yes____ No___ Officiating Rabbi and Phone Number: _____

Mother's name _____ Maiden name_____
Mother's address (if different) _____
Mother's employer_____Occupation_____
Phone Numbers: H:_____, Cell:_____, W:_____
Email Address: _____
Synagogue Affiliation _____Rabbi_____
Convert: Yes____ No__ Officiating Rabbi and Phone Number_____
Parents marital status: married ____ , separated ____,divorced____, widowed_____

Parent affiliation with Jewish organizations (religious, communal, or educational):
_____
_____

EMERGENCY PHONE NUMBERS—Two individuals who may be called if parents cannot be reached.
Name_____Phone_____
Name_____Phone_____

SIBLINGS

Name	School	**Age**	**Grade**

EDUCATIONAL DATA

List chronologically all school applicant has attended

Name of School	City	Dates attended	Graduated

SOCIAL DATA

List camps attended, organizations and extra curricular activities in which applicant has participated.

_____
_____
_____
_____

MEDICAL INFORMATION

Have you ever suffered from a serious injury, illness, eating disorder, or undergone surgery?

Yes_____ No_____

If yes, please specify: _____

_____

Do you take any medications regularly? Yes ___ No___ If yes, please specify: _____

_____

Have you received any professional psychological counseling? Yes ___ No___ If yes, please specify:_____

_____

SPECIAL NEEDS

List any special needs the applicant may have (academic. physical, social)_____

_____

_____

_____

REFERENCES

School Principal _____Phone_____

Teacher_____Phone_____

Synagogue Rabbi_____ Phone _____

Additional Reference_____ Phone_____

Applicant's signature_____ Date_____

Parent's signature_____Date_____

SIGNATURES

To the best of my knowledge, all information listed above is correct. I have read the current school year's Handbook and consent to conform to the school's expectations.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

STATEMENTS OF PERMISSION

In case of medical emergency, I give permission for the Torah Academy of Milwaukee to take my daughter _____to Dr. _____ at (address)_____or to the nearest hospital. Her physician's phone number is_____.

Parent signature_____Date_____

I give my daughter _____permission to attend field trips with the school. I understand that I will be informed in writing or by phone, in advance of any non-local trips. In case I cannot be reached prior to the field trip, this grant of permission will be valid.

Parent signature_____Date_____

At various times during the school year, photos and videos are taken to be used in TAM promotional materials. Care is taken to present our students in the most modest of ways. Please sign below giving TAM permission to use images of your daughter in newsletters and other promotional materials.

Parent signature_____Date_____

Torah Academy of Milwaukee does not discriminate on the basis of race, age, national origin, ancestry, pregnancy, marital or parental status, or physical, mental, emotional or learning disability.