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# APPLICATION FORM

TODAY'S DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_

GRADE ENTERING \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENTS' NAMES: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

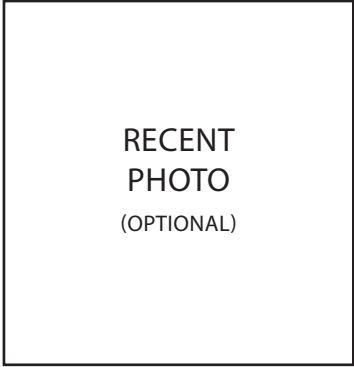
CELL PHONE: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

EMAIL: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

SHUL/SYNAGOGUE AFFILIATION \_\_\_\_\_ RABBI \_\_\_\_\_

CURRENT SCHOOL \_\_\_\_\_

PRINCIPAL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_



Is there any particular insight or information about your child that would be helpful for the school to be aware of in order to best educate your child?

\_\_\_\_\_  
\_\_\_\_\_

Who referred you to Torah Academy? \_\_\_\_\_

Has your child received any of the following services (either privately or in school) within the past two years? Check all that apply:

- SPEECH
- LANGUAGE
- OCCUPATIONAL THERAPY
- PHYSICAL THERAPY
- PSYCHOLOGICAL SERVICES
- SPECIAL EDUCATION INTERVENTION

Indicate if your child is taking any medication on a regular basis. Please list and explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include a Request for Records Form with this application.

I authorize the director to examine my child's record from the previous school to help determine acceptance and placement.

\_\_\_\_\_

**PARENT'S SIGNATURE**