

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 _____

Synagogue Affiliation _____

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 _____

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 _____

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

Applicant's Current School and All Prior Schools

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

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

Name of School	Dates of Attendance
1. _____	_____
2. _____	_____

Family Information

Siblings:

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

Why are you interested in Austin Jewish Academy for your child?

What do you see as your child's strengths and challenges?

How did you learn about Austin Jewish Academy?

Has your child consulted with a professional for educational, speech, occupational or psychological testing, counseling, guidance, and/or psychotherapy in the past 3 years? _____Yes _____No

This information is used solely for the purpose of getting to know your child better, and it will not be used to deny acceptance. If yes, please attach additional sheet with the following information: names of professionals and explanation of issues addressed. If you have any standardized or independent testing, psychological evaluation or other assessment information about your child, please submit a copy with this application. Everything will be kept strictly confidential.

Please be sure to include the following with your application (if applicable):

- **Immunization Record**
- **Last 3 Report Cards**
- **Standardized Testing Results**
- **Private Testing Results**

Nondiscrimination Policy

AJA admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of gender, sexual orientation, race, color and national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and school administered programs or in employment of faculty and administrative staff.

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

Austin Jewish Academy Permission for Release of Records

Please submit this form to Austin Jewish Academy with completed application.
We will fax it to your child's school.

Applicant's Full Name: _____

Applicant's Birth Date: _____

Current School Name: _____

Current School Phone: _____ Fax: _____

Principal/Director's Name: _____

My child _____ has applied for admission to Austin Jewish Academy. I hereby give permission for his/her academic records to be transferred to the school and for subsequent information to be exchanged.

I give permission for representatives of **Austin Jewish Academy** to if needed, visit at a pre-arranged date and time, my child's current classroom in order to observe him/her in a school setting. I understand that the information gained from the classroom visit is held in the strictest confidence and is used solely for the admission process and will not become part of the student's permanent record file.

Parent/Guardian Signature

Date

To Whom It May Concern:

The above named student has applied to Austin Jewish Academy. Please forward academic records to:

Austin Jewish Academy
Attn: Admissions
7300 Hart Lane
Austin, TX 78731

OR

admissions@austinjewishacademy.org

OR

Fax to: (512) 735-8351

Thank you for your cooperation!

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