

HEBREW ACADEMY OF TAMPA – ENROLLMENT FORM

Please provide the following information about your CHILD.

Child Name: Last, First, Middle:		Street Address:
Date of Birth:	Hebrew Name:	City, State, Zip:
Cell Phone:		Home Phone:

Describe any illnesses, diseases, disabilities, or allergies, if applicable, that may affect your child's general health, school, work, or athletics program participation (or write "N/A")

Pediatrician Name:	Pediatrician Phone:
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What are your child's most pronounced interests?

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Please provide the following information about your child's previous school & education history:

Previous School Name:	School Street Address:
School Phone:	School City, State, Zip:

Hebrew Language Education & Level (Describe):

Please provide the following information about your family:

For Father:	Last Name, First, Middle:		
Home Address:		Work Address:	
Email:		Occupation:	
Home Phone:	Work Phone	Cell Phone:	
For Mother:	Last Name, First, Middle:		
Home Address:		Work Address:	
Email:		Occupation:	
Home Phone:	Work Phone	Cell Phone:	

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Other Emergency Contact #1:	Last Name, First, Middle:		
Cell Phone:			Relation to Child:
Daytime Phone:			Other Phone:
Other Emergency Contact #2	Last Name, First, Middle:		
Cell Phone:			Relation to Child:
Daytime Phone:			Other Phone:
Other children living with the enrolling student:			
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

Emergency Release & Permission Form:

If an emergency arises and none of the above emergency contacts can be reached in a timely manner, I hereby give the Hebrew Academy staff permission to take whatever measures it deems appropriate for the situation.

I/we hereby give permission for my/our child to participate in all school activities, join in class and school field trips on and beyond school property, and for my/our child to be recorded on photograph & video while participating in Hebrew Academy activities, and for such photographs & videos to be used in Hebrew Academy materials & resources of any type.

Parent/Guardian Signature

Date

Printed Name

Parent/Guardian Signature

Date

Printed Name

At the Hebrew Academy, we have a sincere interest in meeting the needs of every child. Upon receiving your completed enrollment form, an interview for you and your child will be arranged at your convenience.

Your child will not be admitted to school without an HRS medical form. Please return your HRS medical form (Florida School Physical) along with this completed enrollment form to our below address, or fax to: (813)962-1123. Thank you for your interest in Hebrew Academy of Tampa. We look forward to partnering with you for this next exciting step in your child's academic development!

Sincerely,

Mrs. Sulha Dubrowski, Founder & Director