

Office Use Only  
Data Ent: \_\_\_\_\_  
Fin. Ent \_\_\_\_\_

South Florida Academy of Learning  
South Florida Jewish Academy  
Coconut Creek, Florida

APPLICATION FOR ADMISSION

Name of Student \_\_\_\_\_  
Last/First Middle Hebrew Name

Applicant to enter Grade \_\_\_\_\_ to begin enrolment in \_\_\_\_\_  
Month/Year

PERSONAL DATA

Home address \_\_\_\_\_

City/State/Country/Zip \_\_\_\_\_

Area code and telephone \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Where Born \_\_\_\_\_

Country of Citizenship \_\_\_\_\_  
Country Name Month/Day/Year

Candidate's Special Talents and/or interests \_\_\_\_\_

Referred by \_\_\_\_\_

How did you first learn about South Florida Academy? \_\_\_\_\_

FAMILY DATA

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_ Mother's Hebrew Name \_\_\_\_\_

Is father Jewish Yes \_\_\_ No \_\_\_ Converted Yes \_\_\_ No \_\_\_ Is mother Jewish Yes \_\_\_ No \_\_\_ Converted Yes \_\_\_ No \_\_\_

Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_



If the student has received or is receiving counseling due to a serious personal problem or event, please share information about that help so we can better understand and respond to your child's needs:

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Does your child suffer from any condition or disability which might require special consideration, i.e. Learning Disability, Emotional, Physical, ADD, OCD, NLD, etc.

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Does your child take any medication? \_\_\_\_\_

Can the student participate in organized team sports? Yes\_\_\_ No\_\_\_

Please share information to help us understand your child's athletic interests, talents and team

participation: \_\_\_\_\_

Has applicant ever received severe disciplinary censure at school or from the community? Yes\_\_\_ No\_\_\_

School Suspension? Yes\_\_ No\_\_ Asked to withdraw by school? Yes\_\_\_ No\_\_\_ Expelled? Yes\_\_\_ No\_\_\_

Please share with us information about discipline matters: \_\_\_\_\_

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#### OTHER IMPORTANT INFORMATION

In order to keep grandparents of our current students informed about school activities, they are sent the school's newsletter and invitations to special events. Please name living grandparents and give their addresses (even if they do not reside in this country):

First Name Last Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

First Name Last Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

First Name Last Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Do you wish to receive information about South Florida Academy's Scholarship Program based on family need? Yes \_\_\_ No \_\_\_

REMARKS FROM FAMILY

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South Florida Academy's open admission and financial aid policies do not discriminate on the basis of race, sex, ethnic origin, disability or similar factors. Applicants of all races and creeds are welcomed at South Florida Academy of Learning.

All South Florida Academy of Learning students must be transported to and from school daily. Any walking or bike riding is strictly prohibited.

Registration, Materials & Resource Fees must be paid at time of registration and are nonrefundable.

\_\_\_\_\_ (Initial)

South Florida Academy of Learning practices a policy of nondiscrimination in employment and admission. We hire employees and admit students of either sex and of any race, color, non-disqualifying handicap, religion or creed, or national or ethnic origin

FOR OFFICE USE ONLY	
Registration Fee _____	Date _____
Materials and Resource Fee _____	Date _____
Tuition Payment _____	Date _____