



SHALOM TORAH ACADEMY

of East Windsor
609-443-4877

of Western Monmouth County
732-536-0911

THE FINEST EDUCATION IN A JEWISH ENVIRONMENT • A PRE-SCHOOL AND ELEMENTARY DAY SCHOOL

ENROLLMENT APPLICATION

ALL INFORMATION ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

DATE _____

STUDENT'S NAME _____
LAST FIRST MIDDLE HEBREW

HOME TELEPHONE NUMBER _____

HOME ADDRESS _____
NUMBER AND STREET CITY STATE ZIP

E-MAIL _____ FAX _____

DATE OF BIRTH ____/____/____ PLACE OF BIRTH _____
CITY, STATE OR COUNTRY

FAMILY INFORMATION

MOTHER'S NAME _____
LAST FIRST HEBREW MAIDEN

FATHER'S NAME _____
LAST FIRST HEBREW

MOTHER'S OCCUPATION _____ PHONE NUMBER _____

EMPLOYER OR FIRM _____
NAME ADDRESS

MOTHER'S CONTACT INFO. - CELLULAR _____ BEEPER _____

FATHER'S OCCUPATION _____ PHONE NUMBER _____

EMPLOYER OR FIRM _____
NAME ADDRESS

FATHER'S CONTACT INFO. - CELLULAR _____ BEEPER _____

PARENTS' MARITAL STATUS MARRIED SEPARATED DIVORCED WIDOWED

OTHER CHILDREN (List additional on back of sheet)

NAME _____ AGE _____

NAME _____ AGE _____

ADDITIONAL NAMES ON BACK

Are there any adoptions or conversions within the immediate family? YES _____ NO _____

IF YES, LIST: NAME _____ RELATION _____

NAME _____ RELATION _____

RABBI OR AGENCY NAME _____ DATE ____/____/____

IS STUDENT PRESENTLY RESIDING WITH BOTH NATURAL PARENTS? YES _____ NO _____

GRANDPARENTS (If a grandparent is deceased, enter his or her name and write "deceased")

FATHER'S FATHER _____
LAST FIRST HEBREW

ADDRESS _____

FATHER'S MOTHER _____
LAST FIRST HEBREW MAIDEN

ADDRESS _____

MOTHER'S FATHER _____
LAST FIRST HEBREW

ADDRESS _____

MOTHER'S MOTHER _____
LAST FIRST HEBREW MAIDEN

ADDRESS _____

STUDENT'S EDUCATIONAL BACKGROUND

Previous School or Group Experience

SCHOOL _____

ADDRESS _____

FROM _____ TO _____ GRADES _____
YEAR YEAR

SCHOOL _____

ADDRESS _____

FROM _____ TO _____ GRADES _____
YEAR YEAR

Religious Education

SCHOOL _____

ADDRESS _____

FROM _____ TO _____ GRADES _____
YEAR YEAR

SCHOLASTIC AWARDS RECEIVED _____

LIST EXTRACURRICULAR HOBBIES, SPORTS & ACTIVITIES _____

HEALTH INFORMATION

CHILD'S PHYSICIAN _____
NAME ADDRESS PHONE NUMBER

Are there any special physical, medical or other problems which the school should be aware of? _____

Please list two persons to be contacted in case of emergency when parents cannot be reached.

NAME ADDRESS PHONE NUMBER RELATIONSHIP

NAME ADDRESS PHONE NUMBER RELATIONSHIP

Level child is entering: Infant/Toddler Care Pre-nursery Nursery Kindergarten
Grade: 1 2 3 4 5 6 7 8

Pre-School Program Desired: Days per week - 2 days 3 days 5 days half day full day

Desire Transportation? Interested in joining a carpool? Require before or after school care?

I give permission for emergency first aid treatment to be administered in the event of an emergency during which parents cannot be reached. My child may participate in all school trips and activities.

Parent's Signature _____ Date ____/____/____

Application must be accompanied by registration fee. Please call the school office for current registration fees and tuition schedule.

Please mail this form along with completed health and immunization forms to the school address below.



**SHALOM TORAH ACADEMY
OF EAST WINDSOR
639 ABBINGTON DRIVE
EAST WINDSOR, NJ 08520
(609)443-4877 Fax: (609)443-3493**



**SHALOM TORAH ACADEMY
OF WESTERN MONMOUTH COUNTY
70 AMBOY ROAD
MORGANVILLE, NJ 07751
(732)536-0911 Fax: (732)536-0511**

FOR OFFICE USE ONLY

Application _____ accepted _____ declined

D.O. Adm. _____

Reg. Rec'd _____

S.M. _____ R.M. _____