



Academy? \_\_\_\_\_

Synagogue \_\_\_\_\_ Address \_\_\_\_\_ Rabbi \_\_\_\_\_

*For Immigrants: City & Country of Origin* \_\_\_\_\_

*Date of Entry into U.S.A.* \_\_\_\_\_ *Languages Spoken* \_\_\_\_\_

In Case of Emergency and parents cannot be contacted, call:

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Tel \_\_\_\_\_

Maternal Grandparents \_\_\_\_\_ City of Origin \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

Paternal Grandparents \_\_\_\_\_ City of Origin \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

Describe any disabilities (physical, emotional, etc.), serious illnesses or accidents. List Medications taken on a long term basis.

**PLEASE READ**

The school reserves the right to reject any applicant deemed unsuitable. In such an instance, the registration fee will be refunded. In all other circumstances, the registration fee is not refundable. The Dean will determine into which grade the student will be placed. His decision is final.

Hebrew Academy admits students of any race, color, national and 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 race, color, national or ethnic origin in the administration of its educational or admissions policies, scholarship programs, athletic or other school-administered programs.

Your signature below authorizes the school to obtain state-loaned textbooks, library books and software for your children pursuant to New York State Law.

**NEW APPLICANTS MUST SUBMIT COMPLETE IMMUNIZATION FORMS** before being allowed to attend class. In the event of an emergency, parent gives the school permission to have the student transported to any medical facility.

I allow my child to take  Aspirin  Tylenol from the school office when he is feeling ill.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Hebrew Academy Middle School  
2007-2008 School Fees

REGISTRATION: \$500.00  
 TUITION \$5000.00  
 PRIVATE TRANSPORT \$9500.00 (Optional)

The registration and insurance fees must be submitted with this completed application.

A \$500.00 deduction for tuition will be made for each sibling registered in the school at the time of this application.

AGREEMENT

I, the undersigned, agree to pay a total of \_\_\_\_\_ The remainder of the tuition will be paid through the following sources:

Nechomas Yisroel \_\_\_\_\_

Oorah \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hebrew Academy \_\_\_\_\_

Academy Scholarship A financial aid form must be filled out to receive a Hebrew Academy Scholarship

I understand and agree that this entire sum is DUE AND PAYABLE ON THE FIRST DAY OF SCHOOL, either in one total payment or ten post-dated checks dated SEPTEMBER 1 ,2007 THROUGH JUNE 1, 2008, or pre-authorized credit card payments. No deduction will be made for delays of entrance, dismissal from the school for violation of rules and regulations, illnesses, or voluntary withdrawal.

If a check is returned unpaid by the bank for any reason, I will pay the amount due in cash, certified check, or money order within three days of notification from the school or bank, along with a \$20 returned check fee.

My signature below constitutes acceptance of this contractual obligation with the understanding that the full amount of the contract is due and payable to Hebrew Academy Middle School. I understand and agree that the school may dismiss my child if I default on this tuition agreement. In the event of default, I agree to pay any and all collection charges, legal fees, costs, and commissions that Hebrew Academy Middle School incurs in collecting this obligation.

The school reserves the right to rescind a scholarship, if granted, due to parents' change of circumstances, misinformation, or misrepresentation of facts.

Parent or Guardian  
 Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Hebrew Academy Middle School

75-02 113th STREET FOREST HILLS, NY 11375  
(718) 847-1462

NEW YORK STATE TEXTBOOK LAW (NYSTL) AND SOFTWARE LAW (NYSSL)  
AND LIBRARY LAW (NYSLIB) PARENTAL FORM

FOR SCHOOL YEAR 2007-2008

I hereby authorize the school to obtain state-loaned textbook, software and library books for my child(ren):

\_\_\_\_\_ who is in grade: \_\_\_\_\_

\_\_\_\_\_ who is in grade: \_\_\_\_\_

\_\_\_\_\_ who is in grade: \_\_\_\_\_

\_\_\_\_\_ who is in grade: \_\_\_\_\_

pursuant to the New York State Textbook, Software and Library Laws.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

# Hebrew Academy Middle School

75-02 113th STREET FOREST HILLS, NY 11375

## Medical Release Form

Student's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Student's Address \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

List any specific medical conditions we should be aware of including and allergies or allergic reactions

\_\_\_\_\_

\_\_\_\_\_ **Our son MAY take part in all physical activities** included in the Hebrew Academy's trips and sports program - including playing of all sports.

\_\_\_\_\_ **Our son MAY NOT take part in all physical activities**  
Please specify \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Class Trip/School Outing Release

We hereby allow our son to participate in all scheduled class/school outings during the school year.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_