TARBUT V'TORAH
Community Day School
Love Learning. Live Values. Discover Heritage.

Today's Date _____ For Grade_____ For School Year_____

Full Name Of
Applicant_____
(first) (middle) (last)

☐ Male
☐ Female

Date of Birth: _____Social Security # _____-_____-_____

Primary Address: _____ (Check One) Both Parents_☐_
Receives Report Card _☐_Yes _☐_No Mother_☐_Father_☐_Other_☐_

City: _____ State: _____Zip: _____

Phone: (_____)_____ Email (for school communication) _____

Secondary Address (if applicable) _____(Check One) Both Parents_☐_
Receives Report Card _☐_Yes _☐_No Mother_☐_Father_☐_Other_☐_

City: _____ State: _____ Zip: _____

Phone: (_____)_____Email (for school communication)_____

Parent Information
Parents (Check One) ***Married***_☐_ ***Separated***_☐_ ***Divorced***_☐_ ***Widow/Widower***_☐_ ***Other*** _☐_

1. *Relationship to Applicant*: (Circle One)
Father Mother Stepfather Stepmother Guardian Other (Please Explain)_____

Last Name _____(Circle One) Mr. Mrs. Ms. Dr. Other_____

First Name _____

Occupation_____

Employer: _____Work Phone (_____)_____

Cell Phone/Pager (_____)_____Work FAX (____)_____

2. *Relationship to Applicant*: *(Circle One)*
Father Mother Stepfather Stepmother Guardian Other (Please explain)_____

Last Name _____(Circle One) Mr. Mrs. Ms. Dr. Other_____

First Name _____

Occupation_____

Employer _____ Work Phone (_____)_____

Cell Phone/Pager (_____)_____Work FAX (_____)_____

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

Registration and Assessment fees are non-refundable. A limited amount of financial aid is available to qualified applicants. Please request a form from the Admissions Office if you desire a financial aid application. Final decisions regarding admission are made by the Admissions Committee.

Hebrew Name (please include transliteration)_____

Hebrew birthdate (if known) _____
City, State, Country of Birth _____

If foreign born, date of arrival in U.S.A. _____

Applicant's Previous Secular Education

Name of School	Dates of Attendance
1.	
2.	
3.	
4.	

Applicant's Previous Jewish Education

Name of School	Dates of Attendance
1.	
2.	
3.	
4.	

How did parents obtain information concerning Tarbut V'Torah Community Day School?

_____

_____

Family Statistics

Attends TVT

Siblings:

Name: _____ Yes _____ No _____

Age: _____ Grade: _____

Name: _____ Yes _____ No _____

Age: _____ Grade: _____

Name: _____ Yes _____ No_____

Age: _____ Grade: _____

Does your family have any other relatives who currently attend or previously attended TVT?

Child's Name	Grade	Year(s) of Attendance

Grandparent Mailing List Data

Paternal Grandparent(s) _____

Address _____ Phone (_____)_____

Maternal Grandparent(s) _____

Address _____ Phone (_____)_____

Father's Educational Background (please list schools)

High School _____

College _____ Year Graduated _____ Major _____

Graduate School _____ Year Graduated _____ Major _____

Highest Degree Attained _____

Current Professional or University Affiliations _____

Previous Jewish Education _____

Current Organizational Affiliations (religious) _____

Mother's Educational Background (please list schools)

High School _____

College _____Year Graduated _____ Major _____

Graduate School _____ Year Graduated _____ Major _____

Highest Degree Attained _____

Current Professional or University Affiliations _____

Previous Jewish Education _____

Current Organizational Affiliations (religious) _____

Synagogue Affiliation (if any) _____
If not affiliated with a synagogue, with which of the following do you most closely identify with?
Orthodox ____ Conservative ____ Reform ____ Reconstuctionist ____ Other (please explain)_____

Kindly state below the attitude of the family with respect to religious observances such as Shabbat, holidays, dietary laws, etc. Please be as explicit as possible.

_____
_____
_____

Child's Name: _____

Date: _____

NOTES

_____
_____
_____
_____
_____
_____
_____
_____
_____

Applicant's Name _____

For Families Paying By Check:

Date Registration Fee Received _____**Check #** _____ **Amount** _____

Date Assessment Fee Received _____**Check #** _____ **Amount** _____

For Families Paying By Credit Card:

Name On Card _____ **Mastercard** ☐ **Visa** ☐

Credit Card # _____ **Expiration Date** _____

Amount To Be Charged: _____

Signature: _____