



The Jack M. Barrack Hebrew Academy
 272 South Bryn Mawr Avenue
 Bryn Mawr
 Pennsylvania 19010
 610-922-2300 phone / 610-922-2301 fax
 www.jbha.org

Application for Admission

Section I To be completed by the applicant's parent(s) or guardian(s). Please answer all questions.

When a question does not apply, fill in "D.N.A."

Name of applicant _____
Last First Hebrew Name M/F

For grade _____ for the academic year _____ / _____ Date of application ____ / ____ / ____

Last grade applicant will have completed before entering Jack M. Barrack Hebrew Academy _____

Date of birth ____ / ____ / ____ Present age ____

What grades, if any, have been skipped? _____ Repeated? _____ Student SS# _____ - _____ - _____

Present School _____ Present grade _____

Address _____ City/State/Zip _____

School District/Township _____

Hebrew school _____ Years attended _____

Summer camps (if any) attended during last two summers:

(1) _____ (2) _____

Candidate's Parents

Name _____	Name _____
<small>First Middle Last Hebrew</small>	<small>First Middle Last Hebrew</small>

Home Address _____	Home Address _____
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City/State/Zip _____	City/State/Zip _____
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Home Telephone _____	Home Telephone _____
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Cell Phone _____	Cell Phone _____
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E-Mail Address _____	E-Mail Address _____
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Employer _____	Employer _____
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Nature of Business _____	Nature of Business _____
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Address _____	Address _____
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Business Telephone _____	Business Telephone _____
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Position in Firm _____	Position in Firm _____
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Professional School(s) _____	Degree/Date _____	Professional School(s) _____	Degree/Date _____
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_____	_____	_____	_____
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College(s) _____	Class _____	College(s) _____	Class _____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Secondary School _____	(Akiba/Barrack alum Class of _____)	Secondary School _____	(Akiba/Barrack alum Class of _____)
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_____	_____	_____	_____
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Community Activities & Positions Held _____	Community Activities & Positions Held _____
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_____	_____
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_____	_____
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Synagogue Affiliation _____	Synagogue Affiliation _____
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Applicant lives with _____	Applicant lives with _____
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at (if different from home address) _____	at (if different from home address) _____
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(over)

Telephone number: _____

If the applicant does not live with both natural parents, please check the appropriate statements:

Parents are: Separated Divorced

Other children in family:

Name	Age	School
_____	_____	_____
_____	_____	_____

Candidate's Grandparents

Name _____

Address _____ City/State/Zip _____

Name _____

Address _____ City/State/Zip _____

To whom should all correspondence and notices be sent?

Name _____ Telephone _____

Address _____ City/State/Zip _____

Relationship to applicant _____

Who is responsible for financial obligations? _____

Family Physician _____ Telephone _____

Address _____ City/State/Zip _____

Describe the nature of any difficulties (physical, academic or emotional - and the measures that have been taken to remedy them.)

Has your child had any testing other than standardized testing (i.e. psycho-educational evaluation)? Yes No

If yes, please explain, give dates and send in a copy: _____

List briefly the main reasons you want your child to attend Jack M. Barrack Hebrew Academy.

Has the applicant been required to withdraw from any school? Yes No If yes, please give details:

Have all financial obligations to previous schools your child attended been met? Yes No If no, please explain:

Akiba is able to grant a limited amount of financial assistance on the basis of need.

Will you be requesting an adjusted tuition? Yes No

A \$40.00 FEE MUST ACCOMPANY THIS APPLICATION. The fee covers the cost of processing this application. It is non-refundable and will not be applied to the tuition charge. Checks should be made payable to Jack M. Barrack Hebrew Academy. The applicant is considered a candidate for admission only after this application is received and the application fee is submitted.

It is understood that the parents and applicant agree to support and abide by school regulations and guidelines not only at the time of admission, but through subsequent years of attendance. **Administration may exercise the right to ask a student to leave if information crucial to academic, social and/or emotional functioning is withheld during the Admissions process.** Students are admitted on the express condition that the entry is for the entire school year; and the parent or guardian agrees to pay the entire year's tuition, which is non-refundable in the event of voluntary withdrawal, suspension or dismissal.

It is understood that my child may attend the Jack M. Barrack Hebrew Academy only when he/she is admitted and registered and tuition payments are up to date.

Please send this completed application and fee to:

Director of Admissions
Jack M. Barrack Hebrew Academy
272 South Bryn Mawr Avenue
Bryn Mawr, PA 19010

Signed _____

Date _____

