

# PORTLAND JEWISH ACADEMY

6651 SW Capitol Highway, Portland, OR 97219 P: 503.244.0126 F: 503.452.7001 www.portlandjewishacademy.org

## APPLICATION FOR ENROLLMENT

*Transitional Kindergarten - 8th grade  
A separate application is available for Preschool*

Date: \_\_\_\_\_ School Year: 200\_\_ / \_\_ Please include \$50 application fee with this form.

### Student Information

Student's Full Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Nickname \_\_\_\_\_ Hebrew Name (optional) \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Student lives with  Both Parents  Parent #1  Parent #2  Other \_\_\_\_\_

### Parent #1 Information

Parent #1 Full Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

### Parent #2 Information

Parent #2 Full Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

## Brothers & Sisters

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Languages spoken at home:  English  Hebrew  Russian  Spanish Other \_\_\_\_\_

## General Information

To whom should all correspondence be sent? \_\_\_\_\_

School child last attended? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director/Teacher \_\_\_\_\_

Previous Hebrew/Judaic Background (Optional) \_\_\_\_\_

Synagogue Affiliation (Optional) \_\_\_\_\_

PJA strives to ensure a good fit between our school and each applicant. To assess effectively, we need to be aware of health, educational or behavioral issues. Does your child have any health, educational or behavioral issues?

Yes  No If yes, please explain on a separate sheet.

All materials submitted in support of an Application for Admission become the property of Portland Jewish Academy. These materials, including letters of recommendation, school reports and the results of our admissions screenings, are confidential and will be solely for admissions purposes.

PJA reserves the right to deny admission to any applicant or to expel any enrolled student if the admission or continued enrollment would, in the sole judgment of the Head of School, be detrimental to the interests of PJA. Admission and continued enrollment at PJA is subject to all of PJA's policies and conditions, as amended from time to time.

I certify that all of the information above is accurate and complete.

Signature \_\_\_\_\_ Parent 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Parent 2 \_\_\_\_\_ Date \_\_\_\_\_

Once submitted you will receive additional forms from the PJA Admissions office.

### For Office Use Only

Application Received: Date: \_\_\_\_\_

Admission Forms Sent: Date: \_\_\_\_\_

Fee Received: Check # \_\_\_\_\_

Student Evaluation Forms

Copies of School Records

Medical Information Form

Health Exam Information Form

Immunization Certificate

Photograph

Entered in Education Edge