



Application for Admission

Please type or print clearly.

Applicant Information			
Applicant's Last Name	First Name	M.I.	Hebrew
Applicant's Home Address	City	State	Zip
Home Telephone Number	Present School		Present Grade
Place of Birth	Citizen of	SS#	Date of Birth
Hebrew Birthday			
Parent Information			
Father or Guardian Last Name	First Name	M.I.	Title
Father's Address	City	State	Zip
Father's Employer	Occupation		
Home Telephone	Office Telephone	Fax Number	Cell Phone Number
Father's Email Address			
Synagogue Affiliation	Synagogue Rabbi		
Mother's Last Name	First Name	M.I.	Maiden Name
Mother's Home Address (if different than above)	City	State	Zip
Mother's Employer	Occupation		
Home Telephone	Office Telephone	Fax Number	Cell Phone Number
Mother's Email Address			
Synagogue Affiliation	Synagogue Rabbi		
Parents of Applicant are (Check Any Boxes that are Applicable)			
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Father Deceased
			<input type="checkbox"/> Mother Deceased
Parent's Affiliation with Jewish Organizations (religious, communal, educational, etc.)			
Mother is of Jewish Origin (If no, please include conversion papers from Orthodox Beis Din)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Person Responsible for Student's Tuition and Fees			

Educational Data (continued)

List any summer camps the applicant has attended (if applicable)

Name	City/State	Dates Attended

List the applicant's participation in organizations or extracurricular activities

Organizations / Activities	Dates

List any awards or prizes the applicant has received

References

List any summer camps the applicant has attended (if applicable)

School Principal		Synagogue Rabbi		
Name		Name		
School		Synagogue		
Phone		Phone		
Additional Reference 1		Additional Reference 2		Additional Reference 3
Name				
Phone				
Relation				

Comments (if any)

Emergency Information

Indicate two (2) individuals besides parents to contact in case of emergency

Name	Relationship	Telephone
Health Insurance Carrier		
Insured's Name		
Plan	Group Number	
I.D. Number	Telephone #	

Applicant's Signature	Date
Parent's or Guardian's Signature	Date

Please submit an essay of 500 words or less in which you tell us a little about yourself and describe why you wish to pursue your high school education at the New England Academy of Torah.

Please forward transcripts of the previous three (3) years of academic work (in sealed envelope from schools attended).

The application process is considered incomplete until a personal interview has been conducted with the applicant.



**NEW ENGLAND
ACADEMY OF TORAH**

Please return to:

New England Academy of Torah
450 Elmgrove Avenue
Providence, RI 02906
Telephone: (401) 331-5327 x21
Fax: (401) 331-0030

**** NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS ****

New England Academy of Torah 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 and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school administered programs.