



APPLICATION FOR ADMISSION
5779-80 (2019-20) SCHOOL YEAR

STUDENT INFORMATION

_____ / _____ / _____
Last First Hebrew

DATE OF BIRTH ____/____/____ ENTERING GRADE ____

PLACE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

FAMILY INFORMATION

FATHER'S NAME _____ EMAIL _____

WORK PHONE _____ CELL PHONE _____

Complete only if different from student's information:

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

MOTHER'S NAME _____ EMAIL _____

WORK PHONE _____ CELL PHONE _____

Complete only if different from student's information:

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

EDUCATION

Please list the name and address of all schools attended (list most recent school first).

_____ School Name	_____ Address	_____ Grade	_____ From	_____ To
_____ School Name	_____ Address	_____ Grade	_____ From	_____ To
_____ School Name	_____ Address	_____ Grade	_____ From	_____ To

OTHER INFORMATION

Shul with which family is affiliated: _____

Name and phone number of rabbi who is closest to family: _____

Name and phone number of previous teacher who would recommend student: _____

ADDITIONAL FAMILY INFORMATION

Other children in family:

	Name	Age	Grade	School or College Attending
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

PARENT CERTIFICATION

I hereby apply for admission to Machon Los Angeles for my daughter _____
who will be entering Grade _____ for the 2019-20 school year. I authorize any school attended by my daughter to release
to Machon Los Angeles all academic and financial records. I am enclosing a \$50 non-refundable application fee.

Father's Signature

_____/_____/_____
Date

Mother's Signature

_____/_____/_____
Date