



PLEASE ATTACH
PASSPORT SIZE
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APPLICATION FOR ADMISSION 5784-85 (2024-25) SCHOOL YEAR

STUDENT INFORMATION

First Name _____ Last Name _____ Full Hebrew Name _____

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	Grades
_____	_____	_____
School Name	Address	Grades
_____	_____	_____
School Name	Address	Grades

REFERENCES

Shul with which family is affiliated: _____

Family Rav: _____ Phone Number: _____

Name of Teacher: _____ Phone Number: _____

Name of Teacher: _____ Phone Number: _____

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 2024-25 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 \$60 non-refundable application fee.

We have read the Machon Dress Code and Technology Policy.

Father's Signature

_____/_____/_____
Date

Mother's Signature

_____/_____/_____
Date