



New Student Application for Admission 2018-2019

Please follow these steps to complete the application for admission:

1. Download this (.pdf) file
2. Fill out the Application for Admission
3. Save this file
4. Email the completed application as an attachment to: office@torahacademysa.com

IMPORTANT NOTICE - A \$360 Registration Fee will apply to all applications received after March 9, 2018. To pay this fee, please visit www.torahacademysa.com/donations.

For more information about the application process, please visit:
<http://www.torahacademysa.com/admissions/admissions-process/>

Primary Parent Email Address _____

Student Information

Name of Student _____ Grade Entering in 2018 ____
(First, Middle, Last)

Hebrew Name _____ Preferred Name _____ Date of Birth _____

Home Address _____ City _____ State ____ Zip Code _____

Phone Number _____ Place of Birth _____

Race _____ (You may choose not to answer.)

TASA will at no time discriminate against any student or applicant for admission on the basis of race, color or national or ethnic origin and will admit students of any race to all the rights, privileges, programs and activities generally accorded or made available to students at TASA and will at no time discriminate on the basis of race in administering its educational policies, admission policies, scholarship and loan programs and athletic and other school administered programs. As a 501(c)(3), TASA is required to provide information to the federal government regarding the racial composition of our school.

Will you apply for Flexible Tuition Rate? Y ____ N ____

Describe your child (e.g. describe your child's disposition, special interests, talents, etc.).

Prior Education

Please list child's current school first, then most recent school attended. Applicants to grades K-2 may include day care programs.

Current School _____ Address of Current School _____

School Phone Number _____ School Principal/Head _____

Prior School _____ Address of Prior School _____

Prior School Phone Number _____ Prior School Principal/Head _____

Family Information

**Note: If applicant's parents are divorced/separated, the family will be asked to supply a copy of the legal custody arrangements at the time of enrollment. Until and unless TASA receives documentation of legal directives to the contrary, our policy is to send all school communications to both parents. Please send a copy of student's birth certificate to the TASA Office (office@torahacademysa.com).*

Are there any court ordered custody or visitation arrangements for this child? Y ____ N ____

Was applicant adopted? Y ____ N ____

** If answered yes, please provide appropriate adoption and conversion documentation.*

Student is currently living with _____

Parent Guardian (1)

Name _____ Relationship to Student _____

Address _____ Phone _____

Email _____ Marital Status _____

Occupation _____ Job Title _____

Employer _____ Work Phone _____

Parent Guardian (2)

Name _____ Relationship to Student _____

Address _____ Phone _____

Email _____ Marital Status _____

Occupation _____ Job Title _____

Employer _____ Work Phone _____

Grandparents

Maternal _____

Paternal _____

Address _____

Address _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Phone Number _____

Phone Number _____

Email _____

Email _____

General Questions

** Note: TASA reserves the right to request additional information during the application process.*

Were both parents born Jewish? Y ____ N ____

*If no, please explain below:

What synagogue is the family affiliated with? _____

Briefly state why you want your child to attend TASA:

What languages does your child speak fluently?

Has your child ever received any support services, enrichment, or tutoring? Y ____ N ____

If yes, please describe:

Has your child ever received any evaluations (e.g. psychological, educational, speech and language, occupational or physical therapy, behavioral)? Y ____ N ____

If yes, please describe:

Does your child have any special needs (IEP, learning disability, giftedness, physical disability) that we should know about? Y ____ N ____

If yes, please describe:

Additional Comments: Is there anything else you would like to share with us about your child or family?

Certification & Admission Policy

Certification:

By submitting this application, I/we certify that the information contained herein is accurate to the best of my/our knowledge and that the admissions committee may rely upon it for admissions decisions.

I/we also acknowledge that if this application is submitted after March 9, 2018, we will need to pay a \$360 registration fee at www.torahacademysa.com/donations before an admissions decision will be rendered.

Please be sure to review the Admissions Checklist for Transcript Release Form. Please send completed form to TASA's Office (office@torahacademysa.com).

Please send a copy of student's birth certificate to TASA's office.

Admissions & Acceptance Policy:

Following submission of this Admissions Application, TASA's Head of School will arrange for an interview with the student.

Any admissions decision will be contingent upon an interview with the Head of School, receipt of Transcript Release Form transmitted to the TASA Office, a receipt of an executed Tuition Contract, applicable medical forms, and tuition aid application (if applicable).

TASA 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 TASA.

Typing your name below will serve as your signature in attesting that the contents you submitted in this document are true; and that you understand and agree to the TASA Certification & Admissions policies stated above.

Signature _____

Date _____



**Transcript/Record Release Form
(ONE PER APPLICANT)**

PARENT/GUARDIAN PERMISSION

Student Name _____ Current Grade _____

Name of **Current** School: _____ City _____ State _____

School Phone (required) _____

I hereby request that my child's current school release his/her records to Shmuel Bass Torah Academy of San Antonio to be used in the admissions process.

Parent/Guardian Signature _____ **Date** _____

To Whom It May Concern:

The student listed above has applied for admission to Shmuel Bass Torah Academy of San Antonio. To assist us in making an informed admissions decision, please send us the following as soon as possible:

1. Academic records.
2. Copies of any relevant educational/psychological testing or evaluations.
3. Evaluations and/or recommendation letters.

These evaluations will be kept in strict confidence and used solely to help form a thoughtful admissions decision; they will not be part of the student's permanent record. Thank you so much for your time and attention.

Sincerely,

Shmuel Bass Torah Academy of San Antonio
office@torahacademysa.com
3003 Sholom Dr., Ste. 200
San Antonio, Texas 78230
Phone: (210) 607-7261