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teaching the mind...touching the heart...creating our future

# The Jewish Academy of Wake County 2011-2012 Registration

7410 Falls of Neuse Road, Raleigh, NC 27615  
[www.myjewishacademy.org](http://www.myjewishacademy.org)  
919-841-1206



Are the student's parents:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

With whom does the child reside:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other (please specify) \_\_\_\_\_

*Both parents are notified of parent/teacher conferences and other major school events and are provided access to all official records and reports about the child/children in accordance with school policy. Exceptions to this policy are undertaken only when necessary to comply with applicable law and/or when ordered by a court of law.*

**Information About the Child:**

<b>Present School</b>	<b>Address (including City, State, &amp; Zip)</b>	<b>Dates</b>
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Current Grade \_\_\_\_\_ Teacher(s) \_\_\_\_\_

<b>Other Schools Attended</b>	<b>Address</b>	<b>Dates</b>	<b>Grade(s)</b>
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Are you affiliated with a Synagogue? \_\_\_\_\_ If so, please specify: \_\_\_\_\_

Is the student's mother Jewish? \_\_\_\_\_ If so, Hebrew name: \_\_\_\_\_

Is the student's father Jewish? \_\_\_\_\_ If so, Hebrew name: \_\_\_\_\_

Is Judaism the primary religion of the home? \_\_\_\_\_

Languages other than English spoken in the home: \_\_\_\_\_

Student's primary language: \_\_\_\_\_

Has your child received educational or psychological testing? \_\_\_\_\_

If so, please indicate who tested your child, when and the nature of testing.

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Does your child have a medical diagnosis? \_\_\_\_\_

Would any special procedures be required to accommodate your child in school? If so, please describe:

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What are your expectations regarding the educational program at our school?

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How does your child interact in school socially (including peer and adult relationships?)

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Describe your child's special interests and strengths.

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Describe any Jewish education your child has had.

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Are there any special issues in your child's history of which the school should be aware (medical concerns, physical or emotional development, family life, custodial arrangement)?

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By signing this application for enrollment, I hereby certify that the information herein is true and reliable. I understand that if any information has been withheld or falsified, the day school reserves the right to deny admission or discontinue serving my child. I also authorize day school to obtain records from all schools previously attended by my child and agree to evaluation.

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Signature of Parent/Guardian

Date

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Signature of Parent/Guardian

Date

# Jewish Academy of Wake County Application

## 2011-2012

7410 Falls of Neuse Rd. Raleigh, NC 27615  
E-mail: [info@myjewishacademy.org](mailto:info@myjewishacademy.org) • Phone: (919) 841-1206

This information is for new students enrolling for the 2011-2012 school year.

<b>Payment</b>	<b>Amount</b>	<b>Due</b>
Tuition – Grades K – 2	\$8800	According to payment plan
Book & Activity Fees	\$350	According to payment plan
Registration Fee (Non-refundable)	\$500	One separate payment (not included in tuition above)

### **Payment Options**

The following payment plans are available.

#### **Payment Type – Choose one**

- Annual Payment Plan (Full)  
 Semi-annually (Two Equal Payments)  
 Monthly (Ten Equal Payments)

#### **Due**

- July 29, 2011  
July 29, 2011 and December 15, 2011  
Ten payments between August 2011 and May 2012 through FACTS who will add a \$41 fee to the total.

### **Financial Aid**

The Day School uses an anonymous Financial Aid Committee to assist us in financial aid decisions. Applications are taken on-line from the privacy of your own home. This assures confidentiality; our Financial Aid Committee will not see your private data. Information for application will be made available upon request. If applying for Financial Aid, tuition deposit amount will be refunded if due to a lack of financial aid available, the student does not attend the day school.

### **Dates**

Scholarship/Financial Assistance Applications due by, April 29, 2011  
Financial Aid decisions made by May 30, 2011

The cancellation of this agreement must occur in writing, to the attention of the Head of School, prior to June 30, 2011. **All deposits and fees are non-refundable.** I further understand that transcripts or records will not be released to other schools unless tuition and other charges due under this contract are paid in full. If a legal action is initiated by either party to this agreement against the other, including those concerning financial obligations arising out of or relating to alleged performance or non-performance of any right or obligation established hereunder or any dispute concerning the same, all fees, costs and other expenses incurred by the school shall be reimbursed by the parents(s)/guardians(s) of the student. All disputes will be resolved in Wake County.

**Child's Name:** \_\_\_\_\_  
Last First Middle

**Grade Applied For:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date