



**HGA NEW STUDENT APPLICATION FOR ADMISSION**  
2023-2024/5783-5784

**DIRECTIONS FOR COMPLETING THIS APPLICATION:**

- Please enter text or print all items clearly and legibly, in pen
- Attach a recent photograph to the application (optional)
- Submit full application

**Applying for Grade: (Please circle one)    6    7    8    9    10    11    12**

STUDENT'S INFORMATION					
Last Name		First Name		Middle Name	
Hebrew Name					
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		Student's E-mail Address			
Student's Social Security Number		Student's Cell			
Date of Birth		Place of Birth			
Emergency Contact Name		Emergency Contact Phone			
PARENTS'/GUARDIANS' INFORMATION					
Mother's Name		Father's Name			
Born Jewish Y / N		Born Jewish Y / N			
Home Address		Home Address			
City, State, Zip		City, State, Zip			
Home Phone		Home Phone			
Cell Phone		Cell Phone			
Email Address		Email Address			
Place of Business (Name & Address)		Place of Business (Name & Address)			
Business Phone		Business Phone			
Occupation		Occupation			



**STUDENT'S EDUCATION**

Please list the Name and Addresses of ALL schools attended (most recent school first).

Current School Name			Address		
Phone Number		Grades		From/To	
Previous School Name			Address		
Phone Number		Grades		From/To	

**OTHER CHILDREN IN THE FAMILY**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School or College \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School or College \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School or College \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School or College \_\_\_\_\_

**ADDITIONAL INFORMATION**

1. Congregation(s) with which family is affiliated: \_\_\_\_\_ Rabbi: \_\_\_\_\_
2. Are there any special considerations:  Divorce  Adoption  Deceased Parent  Family Illness Other \_\_\_\_\_
3. Student lives with:  Both Parents  Mother  Father  Other (specify) \_\_\_\_\_
4. Youth groups with which Applicant is affiliated \_\_\_\_\_
5. What are the Applicant's most pronounced interests (music, art, science, sports, etc.) \_\_\_\_\_
6. Please describe how the applicant has spent the past two summers: \_\_\_\_\_
7. Name of the person recommending student for Harkham-GAON Academy: \_\_\_\_\_
8. Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**PARENT AND APPLICANT CERTIFICATION**

We understand that the high school course of study is a three to four-year program that reflects Harkham-GAON Academy's (HGA's) commitment to excellence in Limudei Kodesh and General Studies combined with a commitment to the values of Torah Judaism and moral character development. HGA has the discretionary right to withdraw any student at any time for any reason the school deems sufficient. Attendance at HGA is a privilege, not a right, and is dependent on the maintenance of satisfactory work, both in Limudei Kodesh and General Studies.

We hereby certify that the information given in the application is complete and accurate.

Student's Signature	Date
Parent / Guardian's Signature	Date