



Mission Statement
The Jewish Academy of Orlando develops strong leaders and critical thinkers by providing the highest educational standards in an individualized learning environment. We celebrate our Jewish identity, heritage and values while fostering a passion for learning and high achievement. Our students are empowered to achieve academic success, thus becoming role models in our community and the world.

Thank you for your interest in Jewish Academy of Orlando. Our admissions process is aimed at discovering the best qualities of our applicants and determining how they will add to our Jewish Academy of Orlando community. The process consists of several steps, all of which must be completed for a candidate to be considered for acceptance.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING:

STEP 1:

- Completed application form
- \$200 non-refundable application & assessment fee (per child)
- \$1,000 non-refundable deposit due February 16, 2018 (applied towards tuition)
- Academic Records (Please give your child's current school the transcript request form)
- Copy of most recent report card (where applicable)
- Copy of standardized test results (where applicable)
- Teacher questionnaire form

STEP 2 (upon acceptance):

- \$200 registration fee (due with enrollment contract)
- Immunization & Well Child forms
- Copy of Birth Certificate

All forms must be submitted prior to assessment.

If you have any questions, please feel free to contact the Admissions Office
ph: 407.647.0713 or email: Admissions@MyJAO.org

Name:

Grade:

Attach Student photo here

Student Information

Date Application submitted: _____
 Grade Entering: _____
 Last Name: _____ First Name: _____ Middle: _____
 Hebrew Name (if applicable): _____ Male: ___ Female: ___
 Date of Birth: ___/___/___ Place of Birth: _____
 Street: _____ Subdivision: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Email: _____
 Synagogue Affiliation (if applicable): _____

Present Education

Name of School: _____ Current Grade: _____

Previous Education (Including Religious Schools)

Name of School(s):	Grade(s) Attended:
_____	_____
_____	_____
_____	_____

How would you describe your child's present school experience?

What are your child's strengths and weaknesses?

Please let us know of any pertinent academic, physical, psychological or emotional issues regarding your child that may require special accommodations by the school.

What are your child's special talents and interests?

Is there any additional information you would like to share that may assist us in better understanding your child?

Has the applicant had any form of achievement, intelligence, or psychological testing during the last three years? Yes: ___ No: ___ Date Administered: _____
 Has the applicant had a speech and language or occupational therapy evaluation during the last three years? Yes: ___ No: ___ Date Administered: _____
If yes to either of the above, please include a copy of the results.

Family Information

Parent "A"

Full Name: _____ Religion: _____
 Address: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email: _____
 Occupation: _____ Place of Employment: _____

Parent "B"

Full Name: _____ Religion: _____
 Address: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email: _____
 Occupation: _____ Place of Employment: _____

Siblings

Name: _____	School: _____	Age: _____
Name: _____	School: _____	Age: _____
Name: _____	School: _____	Age: _____

Relatives who previously attended Jewish Academy (Hebrew Day School)

Name: _____	Years Attended: _____	Age: _____
Name: _____	Years Attended: _____	Age: _____

Language spoken at home: _____

How did you hear about Jewish Academy of Orlando?
 Friend: _____ Ad/Article: _____ Other: _____

Parent "A" signature

Parent "B" signature