



Academic Excellence • Religious Commitment
Character Development

Admission Application

STUDENT INFORMATION

FULL NAME: _____

HEBREW NAME: _____

MALE FEMALE DATE OF BIRTH: _____

HAS THE CHILD PREVIOUSLY APPLIED TO BMA? YES NO IF YES, WHEN? _____

APPLYING FOR SCHOOL YEAR BEGINNING AUGUST 20 _____

PLEASE INDICATE THE CLASS/GRADE STUDENT IS APPLYING FOR:

TODDLER

(18-24 MONTHS BY SEPT.1)

___ FIVE FULL DAYS

___ FIVE HALF DAYS

___ THREE HALF DAYS (M/W/F)

___ TWO HALF DAYS (T/TH)

NURSERY 2

(2 YEARS BY SEPT.1)

___ FIVE FULL DAYS

___ FIVE HALF DAYS

NURSERY 3

(3 YEARS BY SEPT.1)

___ FIVE FULL DAYS

___ FIVE HALF DAYS

PRE-KINDERGARTEN

(4 YEARS BY SEPT.1)

___ FIVE FULL DAYS

GRADE: (CIRCLE ONE) K 1 2 3 4 5 6 7 8

SCHOOL INFORMATION

CURRENT SCHOOL/PROGRAM: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE NUMBER: _____ CURRENT GRADE: _____

NAME OF PRINCIPAL/HEAD OF SCHOOL: _____

SCHOOLS/PROGRAMS PREVIOUSLY ATTENDED (LIST DATES ATTENDED): _____

CAMPS/SUMMER PROGRAMS PREVIOUSLY ATTENDED (LIST DATES ATTENDED): _____

FAMILY INFORMATION

FATHER/GUARDIAN NAME:

DR. MR. RABBI

RELATIONSHIP TO STUDENT: _____

HEBREW NAME: _____

HOME ADDRESS: _____

BMA ALUMNUS: YES NO YEAR _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

E-MAIL: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

PARENT IS: (CIRCLE ONE BELOW)

MARRIED SEPARATED DIVORCED WIDOWER

FATHER REMARRIED: YES NO

NAME OF STEPPARENT: _____

IF PARENTS ARE DIVORCED OR SEPARATED, TO WHOM SHOULD THE ADMISSIONS CORRESPONDENCE BE SENT?

NAME: _____

ADDRESS: _____

MOTHER/GUARDIAN NAME:

DR. MRS.

RELATIONSHIP TO STUDENT: _____

HEBREW NAME: _____

HOME ADDRESS: _____

BMA ALUMNA: YES NO YEAR _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

E-MAIL: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

PARENT IS: (CIRCLE ONE BELOW)

MARRIED SEPARATED DIVORCED WIDOWED

MOTHER REMARRIED: YES NO

NAME OF STEPPARENT: _____

IF PARENTS ARE DIVORCED OR SEPARATED, TO WHOM SHOULD THE ADMISSIONS CORRESPONDENCE BE SENT?

NAME: _____

ADDRESS: _____

FAMILY INFORMATION CONTINUED

FATHER CONVERTED: YES NO

DATE OF CONVERSION: _____

CONVERSION BY RABBI: _____

PHONE NUMBER: _____

MOTHER CONVERTED: YES NO

DATE OF CONVERSION: _____

CONVERSION BY RABBI: _____

PHONE NUMBER: _____

IS THE CHILD ADOPTED: YES NO DOES HE/SHE KNOW THEY ARE ADOPTED? YES NO

WAS HE/SHE CONVERTED? YES NO

CONVERSION BY RABBI: _____

PHONE NUMBER: _____

DATE OF CONVERSION: _____

SIBLINGS

NAME	AGE/BIRTHDATE	CURRENT SCHOOL/PROGRAM
1.		
2.		
3.		
4.		

SYNAGOGUE MEMBERSHIP

NAME OF SYNAGOGUE: _____

PHONE NUMBER: _____

NAME OF RABBI: _____

REFERRAL INFORMATION

HOW DID YOU HEAR ABOUT US? _____

REFERRED BY: _____

PLEASE READ THE TERMS OF THIS APPLICATION AND SIGN ON THE REVERSE SIDE.

TERMS OF APPLICATION

TUITION ASSISTANCE IS AWARDED ON A BASIS OF NEED. ALL APPLICATIONS ARE CONSIDERED FOR ADMISSION INDEPENDENT OF A REQUEST FOR TUITION ASSISTANCE.

WILL YOU BE APPLYING FOR TUITION ASSISTANCE? YES NO NOT SURE

ALL INFORMATION WE/I PROVIDED IS TRUE AND ACCURATE.

I AGREE TO ENCLOSE A NON-REFUNDABLE **ADMISSIONS EVALUATION FEE** OF \$150. CHECKS SHOULD BE MADE PAYABLE TO BRAUSER MAIMONIDES ACADEMY AND SUBMITTED WITH APPLICATION TO THE BMA ADMISSIONS OFFICE.

MOTHER/GUARDIAN SIGNATURE

DATE: _____

FATHER/GUARDIAN SIGNATURE

DATE: _____



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FOR MORE INFORMATION CONTACT:
ADMISSIONS OFFICE
BRAUSER MAIMONIDES ACADEMY
5300 S.W. 40TH AVENUE
FORT LAUDERDALE, FL 33314
PHONE: 954-989-6886
FAX: 954-989-4548