



AKIVA HIGH SCHOOL  
26500 Shaker Blvd  
Beachwood, Ohio 44122  
216-464-4050  
[akiva@siegalcollege.edu](mailto:akiva@siegalcollege.edu)

REGISTRATION FORM  
2009/10

STUDENT'S NAME \_\_\_\_\_ STUDENT'S E-MAIL ADDRESS \_\_\_\_\_

HEBREW NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ STUDENT CELL PHONE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

SECULAR SCHOOL \_\_\_\_\_ GRADE AS OF 9/09 \_\_\_\_\_

SUPPLEMENTAL OR DAY SCHOOL LAST ATTENDED \_\_\_\_\_

SYNAGOGUE AFFILIATION \_\_\_\_\_ YOUTH GROUP AFFILIATION \_\_\_\_\_

**FATHER**

- DR
- MR

\_\_\_\_\_

**MOTHER**

- DR
- MRS
- MS

\_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ CITY \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

CELL PHONE (DAY) (EVENING) \_\_\_\_\_ CELL PHONE (DAY) (EVENING) \_\_\_\_\_

IN CASE OF EMERGENCY, PERSON (OTHER THAN PARENTS) TO CONTACT

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

I AM REGISTERING FOR

- HEBREW EXPLORERS
  - High School credit requested
- JEWISH EXPLORERS
  - Tuesday
  - Thursday
- Slices on Monday

PLEASE SEND FINANCIAL AID INFORMATION  
**PLEASE RETURN THIS FORM WITH A \$200 DEPOSIT**  
Please complete the reverse side