

TORAH HIGH@AKIVA

26500 Shaker Blvd
Beachwood, Ohio 44122

216-464-4050

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 THURSDAY (both Semesters) 6PM – 8PM (\$450.00)

OR

- First Semester - Thursday 6PM – 7PM (\$112.5)
 First Semester - Thursday 7PM - 8PM (\$112.5)
 Second Semester – Thursday 6PM – 7PM (\$112.5)
 Second Semester – Thursday 7PM - 8PM (\$112.5)

PLEASE SEND FINANCIAL AID INFORMATION

PLEASE RETURN THIS FORM WITH A \$200 DEPOSIT

Please complete the reverse side