



# TORAH DAY SCHOOL OF HOUSTON

10900 Fondren Road • Houston, Texas 77096 • 713-777-2000 • Fax 713-776-0036 • www.tdshouston.org

## Application for Enrollment

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of September 1, \_\_\_\_ Grade as of June \_\_\_\_

CHECK ONE DISMISSAL OPTION:  8:45-12:00 (EC1 and 2 only)  8:45-2:15  8:45-3:40 (EC3 - K only)

Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Hebrew Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ M. \_\_\_\_ Hebrew Name \_\_\_\_\_

SSN # \_\_\_\_\_ Place of Birth \_\_\_\_\_ Home Language \_\_\_\_\_

**C** Student lives with:  Both Parents  Mother  Father  Guardian \_\_\_\_\_

**H** Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_/\_\_\_\_-\_\_\_\_ Family email \_\_\_\_\_

**I** Is natural mother of child Jewish?  Yes  No  
**L** Are there any conversions or adoptions in the family?  Yes  No explain: \_\_\_\_\_  
Are there any health or behavioral health diagnosis the school should be aware of: \_\_\_\_\_

<b>D</b>	<u>Siblings:</u>	<u>Name</u>	<u>Age</u>	<u>School attending</u>	<u>Grade</u>

Name/location of previous Preschool/Daycare \_\_\_\_\_

Name/location of previous Preschool/Daycare \_\_\_\_\_

<b>M</b> <b>O</b> <b>T</b> <b>H</b> <b>E</b> <b>R</b>	Title: <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi	<b>F</b> <b>A</b> <b>T</b> <b>H</b> <b>E</b> <b>R</b>
	Last Name _____ First _____	Last Name _____ First _____	
	Maiden _____ Hebrew Name _____	Hebrew Name _____	
	If different from student: _____	If different from student: _____	
	Address _____	Address _____	
	City _____ ST ____ Zip _____	City _____ ST ____ Zip _____	
Phone: Home ____/____-____ Cell ____/____-____	Phone: Home ____/____-____ Cell ____/____-____		
Work ____/____-____ Email _____	Work ____/____-____ Email _____		
Employer _____	Employer _____		
Occupation _____	Occupation _____		
Family Synagogue Affiliation _____			

**A NON-REFUNDABLE \$50 APPLICATION FEE MUST ACCOMPANY THIS FORM . THIS FEE CAN BE APPLIED TO THE REGISTRATION FEE UPON ACCEPTANCE.**