



APPLICATION FOR ADMISSION

A School To Call Your Own

CHILD'S INFORMATION

Name of Student: _____ Hebrew Name: _____

Date of Birth: _____ Hebrew Birthday: _____ Place of Birth: _____

Gender: Male/Female

PARENT INFORMATION

Father's Name Rabbi/Dr./Mr.: _____ Hebrew: _____ DOB: _____

Education: High School: _____ College: _____

Jewish Education: _____

Occupation: _____ Firm's Name: _____

Business Address: _____ Telephone: _____

Mother's Named Mrs./Ms./Dr.: _____ Hebrew: _____ DOB: _____

Maiden Name: _____

Education: High School: _____ College: _____

Jewish Education: _____

Occupation: _____ Firm's Name: _____

Business Address: _____ Telephone: _____

Home Address: _____ Zip Code: _____

Home Telephone # _____ Mother's Cell # _____ Father's Cell # _____

Mother's Email: _____ Father's Email: _____

Emergency Contact: _____ Relation: _____ Phone # _____

ADDITIONAL INFORMATION

Languages Used at Home: _____

Synagogue Affiliation: _____

Name and Contact Information of your Orthodox Rabbi who can serve as reference for Jewish Background check: _____

CHILD’S PREVIOUS EDUCATION

Name of school: _____ Address: _____

Grade: _____ Dates of attendance: _____

Name of school: _____ Address: _____

Grade: _____ Dates of attendance: _____

CHILD’S SIBLING INFORMATION

Name of Sister(s) _____ Age _____ School _____

_____ Age _____ School _____

_____ Age _____ School _____

Name of Brother(s) _____ Age _____ School _____

_____ Age _____ School _____

_____ Age _____ School _____

HEALTH

Allergies to Food, Medication, or Insects (Please Specify):

Has your child experienced any serious illness or accident? (Give dates and nature of illness or accident.)

Special Services Received (Speech Therapy, Occupational Therapy, Physical Therapy, and/or SEIT Support):

INTERESTS

What are your child’s leisure activities and interests?

Additional information on your child’s behavior, habits, and temperament:

If your child has an IEP, please provide a copy with their application:

AGREEMENTS

In the event of an emergency while our child is under MESA supervision, I hereby give permission for the administrator or person in charge to take our child to the emergency room for medical treatment.

I consent to my child taking part in neighborhood trips (i.e., library, park, and playground) away from the program under proper supervision.

I hereby release MESA from all liability during supervised activities.

I agree to adhere to all the school’s policies and regulations.

I agree to allow my child’s pictures to be used in advertisements and social media.

IMMUNIZATION POLICY

Magen Ephraim Sephardic Academy is committed to compliance with New York State Law to protect the health and safety of all students and faculty.

New York State requires students to receive and remain current with age-appropriate immunizations and boosters for poliomyelitis, mumps, measles, diphtheria, Hemophilus influenzae type b (Hib), rubella, varicella, pertussis, tetanus, pneumococcal disease, meningococcal disease, and hepatitis B, and prohibits students from attending school without submitting appropriate documentation relating to these immunizations.

I agree to comply with New York State Law and to provide documentation concerning my child’s compliance with the law on or before their first day at MESA. New York State no longer accepts religious exemptions.

Mother’s Signature: _____ Date: _____

Father’s Signature: _____ Date: _____

The following items are required to complete the registration:

- **Completed and up-to-date Medical Forms**
- **Immunizations Record**
- **An original Birth Certificate**
- **\$1,500.00 Registration Fee (Non-Refundable)**

FINANCIAL AGREEMENT

Please check ONE method of payment.

- Payment in full by July 1st
- Credit Card payments are accepted with a 3.5% credit card fee for each transaction. (Through Parent Locker)
- Semi-annually, 2 post-dated checks for July 1st and January 1st.
- Ten monthly payments, 10 post-dated checks dated July 1, 2024- April 1, 2025.

CHECKS ARE PAYABLE TO MESA

Note: A \$35 return check fee will be assessed for a bounced check.

GRADE: _____ Signature: _____ Date: _____

GRADE: _____ Signature: _____ Date: _____

GRADE: _____ Signature: _____ Date: _____

For office use only:

Date Received: _____ Date Received: _____

Notes:

Magen Ephraim Sephardic Academy

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