HEBREW ACADEMY TAMPA BAY - 2025-2026 APPLICATION FORM

Please provide the following information about your <u>CHILD</u> .					
Child Name: Last, First, Middle:			Street Address:		
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Date of Birth:	Hebrew Name:		City, State, Zip:	Interested in Extended Care	
		1		Early AM After School Both	
Home Phone:		Age on 9/1/25:	School Year Program (10 Months)	Year-Round Program (12 months)	
What are your child's most pronounced interests?					
Please provide the following information about your child's previous school & education history:					
Previous School Name:			School Street Address:		
School Phone:			School City, State, Zip:		
Hebrew Language Education & Level (Describe):					
Does your child have an IEP, 504 plan or any special needs that the school should be aware of to prepare for a successful educational experience.					
Please provide the following information about your family:					
For Father:	Last Name, First, N	/liddle:			
Home Address:	Home Address:		Email Address:		
City, State, Zip		Best Contact Phone #:			
For Mother:	Last Name, First, N	/iddle:			
Home Address:			Email Address:		
City, State, Zip			Best Contact Phone #:		
Additional family/student information you believe would be helpful for us know know:					
I understand that the non-refundable \$50 application fee (paid by check or by Zelle at admin@hebrewacademyoftampa.net) is not a guarantee of acceptance to HATB. Each application will be reviewed in conjunction with prior school reports and an in person interview, to determine best fit.					
Parent/Guardian Name: Parent/Guardian Signature:					
_			pplication Fee Paid Date:	Tour Date Set: 	

Thank you for your interest in Hebrew Academy Tampa Bay. We look forward to partnering with you for this next exciting step in your child's academic development! Sincerely, **Mrs. Sulha Dubrowski, Founder & Head of School.**