



Bialik High School Admission Form



Name of student: _____ Sex: _____

Hebrew name: _____

Medicare number: _____ Expiry: _____

Birth date: _____ Place of birth: _____

Address: _____

Home phone number: _____

Name of school presently (if applicable): _____

Name of school previously (if applicable): _____

What language does your child speak and understand? _____

Level: _____ School year: _____

Parent Information

Father	Mother
Name: _____	Name: _____
Occupation: _____	Occupation: _____
Workplace address: _____	Workplace address: _____
Cell: _____	Cell: _____
Email: _____	Email: _____

Other Children

Name: _____ Birth date: _____ Sex: _____

Name: _____ Birth date: _____ Sex: _____

Name: _____ Birth date: _____ Sex: _____

Why do you want to send your child to Bialik High School? _____

Bialik High School is a school that values parent participation. How do you see yourself participating at Bialik? _____



The non-refundable admission fee is \$50.00

Credit Card Information

Mastercard VISA # _____ Expiry: _____ / _____
mo/yr

Cardholder's name (please print)

Cardholder's signature

Date