

Suffolk Hebrew Midrasha Academy  
2600 New York Avenue, Melville, NY 11747  
(631) 643-5979      SHMAINFO@aol.com

## SHMA APPLICATION

(Please **PRINT** Clearly)

Student's Name \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ Town Zip Code

Home Phone # \_\_\_\_\_ Grade \_\_\_\_\_  
(Include area code) (As of September)

Mother \_\_\_\_\_  
Or Legal Guardian Name Cell Phone # (Include area code)

Father \_\_\_\_\_  
Or Legal Guardian Name Cell Phone # (Include area code)

Synagogue Affiliation \_\_\_\_\_

Are there any medical issues/allergies that we should be aware of? \_\_\_\_\_

\*Student's Email \_\_\_\_\_

\*Mother's Emails \_\_\_\_\_  
Home Work

\*Father's Emails \_\_\_\_\_  
Home Work

**\*Please Note: All information sent from SHMA, including school emergency closings, is distributed via email, so we must have ALL email addresses.**

In case of Emergency, Please Contact:

\_\_\_\_\_ Name (area code) Home Phone # (area code) Cell Phone #

Please enclose your payment and make check payable to: **SHMA**  
\*\*Early Bird Special Rate of \$450 is due *no later than* **July 17th!**  
**After this date, tuition amount will be at the regular rate of \$525.**