



Temple Beth Shalom Schools

Goldie Feldman Academy
Kane/Karp Educational Center
1050 South Tuttle Avenue * Sarasota, FL 34237
941-552-2770 * 941-552-2771 fax
www.GoldieFeldmanAcademy.com

Applying For Academic Year 20__-20__

(circle one) Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

ADMISSIONS APPLICATION

Applicant's Full Name _____ Sex Male Female

Name by which applicant is called _____

Date of Birth _____ Place of Birth _____

Father's full name _____ Mother's full name _____

Home Phone _____ Home Phone _____

e-mail _____ e-mail _____

Cell/Pager _____ Cell/Pager _____

Primary Mailing Address _____ Secondary Mailing Address (if applicable) _____

All information, grades, and correspondence should be sent to (circle): Primary Address Secondary Address

Name(s) and age(s) of sibling(s) _____

Are you a member of Temple Beth Shalom? Yes No

If no, with what religious institution are you affiliated? _____

Does the applicant have any relatives who have/are attending Temple Beth Shalom Schools? Yes No

If yes, please list name(s) and dates attended _____

Applicant lives with (circle all that apply):

Father Mother Stepfather Stepmother Other _____

Please check any that apply:

___Father Deceased ___Mother Deceased ___Parents Divorced ___Parents Separated

Who has legal custody? _____

Financial responsibility for applicant will be assumed by _____

