



MESIVTA HIGH SCHOOL - APPLICATION FOR ADMISSION

Please fill in pages 1 and 2 as completely as possible. Pages 3 and 4 should be given to your son's Menahel after signing your consent. Upon completion, email pages 1 and 2 to yticinfo@ytc.edu.

STUDENT INFORMATION

TALMID'S NAME: _____

Last
English First & Middle
Hebrew First & Middle

ADDRESS: _____

Street
City
State
Zip Code

TELEPHONE: (_____) _____

DATE OF BIRTH: _____ / _____ / _____ SOCIAL SECURITY: _____ - _____ - _____

FATHER: _____ MOTHER: _____

_____ (_____) _____
_____ (_____) _____

Occupation & Employer
Business Phone
Occupation & Employer
Business Phone

SCHOOL INFORMATION

PLEASE LIST THE SCHOOLS YOU HAVE ATTENDED, STARTING WITH YOUR CURRENT SCHOOL:

SCHOOL	TELEPHONE	GRADE LEVELS	DATES ATTENDED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL REFERENCES:

CURRENT REBBE: _____ NUMBER: (_____) _____
 PRINCIPAL: _____ NUMBER: (_____) _____
 LAST YEAR'S REBBE: _____ NUMBER: (_____) _____

COMMUNAL AFFILIATION

SHUL YOUR FAMILY IS AFFILIATED WITH:

NAME: _____
 RAV: _____ NUMBER: (_____) _____

I WAS RECOMMENDED TO THE YESHIVA BY: _____
 NUMBER: (_____) _____



MESIVTA HIGH SCHOOL - APPLICATION PAGE 2

ACADEMIC INFORMATION

THE FOLLOWING INFORMATION SHOULD BE FILLED OUT BY THE BOCHUR.

BRIEFLY DESCRIBE THE WORK YOU HAVE COMPLETED IN EACH SUBJECT:

Gemora: _____

Mishna: _____

Chumash: _____

Halacha: _____

WHAT SUBJECT(S) DO YOU LIKE BEST?

LIMUDEI KODESH: _____ LIMUDEI CHOL: _____

WHAT SUBJECT(S) ARE MOST DIFFICULT?

LIMUDEI KODESH: _____ LIMUDEI CHOL: _____

LIST EXTRACURRICULAR ACTIVITIES AND ORGANIZATIONS THAT YOU ARE INVOLVED IN AND/OR PRIZES OR AWARDS RECEIVED:

*DO YOU HAVE ANY LEARNING OR BEHAVIORAL DISABILITIES? _____

*HAVE YOU EVER BEEN DISMISSED FROM SCHOOL? _____

**If you answered yes to any of these questions, please provide complete answers.*

OTHER INFORMATION

IN YOUR OWN WORDS, DESCRIBE WHAT YOU HOPE TO GAIN BY ATTENDING Yeshiva Toras Chaim:



MENAHIEL'S REPORT ON APPLICANT - LIMUDEI KODESH

Please fill out at your earliest convenience and email to ytcinfo@ytc.edu. All information will remain confidential. Please include the most recent report card.

TALMID'S NAME: _____ GRADE: _____

ADDRESS: _____
Street City State Zip Code

PARENT'S PERMISSION: *I hereby give permission to release the requested information to Yeshiva Toras Chaim.*

PARENT'S SIGNATURE: _____ PRINT NAME _____

LIMUDEI KODESH

THIS PAST YEAR'S FINAL MARKS: Gemorah _____ Halachah _____ Chumash _____

GEMORA	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	POOR
Reading Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chavrusa Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONDUCT AS A BEN TORAH					
Attitude Towards Rebbe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards Mitzvos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation in Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality at Tefilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Fellow Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BACKGROUND

Does the applicant have any outstanding achievements we should know about?

Has he been disciplined at any time for poor scholarship or improper conduct?

Are there any extenuating circumstances, such as illness, conditions at home, or other factors we should know about?

Is there any other information the yeshiva should be aware of?

SIGNATURE OF PRINCIPAL: _____ PRINT NAME: _____

NAME OF SCHOOL: _____ TELEPHONE: (_____) _____



PRINCIPAL'S REPORT ON APPLICANT - LIMUDEI CHOL

Please fill out at your earliest convenience and email to yticinfo@ytc.edu. All information will remain confidential. Please include the most recent report card.

TALMID'S NAME: _____ GRADE: _____

ADDRESS: _____

Street
City
State
Zip Code

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LIMUDEI CHOL-SECULAR STUDIES

THIS PAST YEAR'S FINAL MARKS: English _____ Math _____ Science _____ Social Studies _____

ACADEMICS	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	POOR
Attitude Towards Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working to Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONDUCT					
Acceptance of Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformity to School Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation in Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Fellow Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NAME OF SCHOOL: _____ TELEPHONE: (_____) _____