



**Yeshiva Toras Chaim**  
TALMUDICAL SEMINARY of DENVER

1555 Stuart Street • Denver, CO 80204  
P: 303-629-8200 F: 303-623-5949

## MESIVTA HIGH SCHOOL - APPLICATION FOR ADMISSION

This form is **four pages** long in total and contains **two parts**.

### INSTRUCTIONS FOR STUDENTS

**The first part (Pages 1 and 2) needs to be filled out by you on your own.** Please fill in these two pages as completely as possible. The second part (Pages 3 and 4) must be given to your Menahel to fill out after you write in your name and address and after your parents sign their consent.

### INSTRUCTIONS FOR PARENTS

Please review Pages 1 and 2 of this application, which your son should have filled out on his own and sign it. Pages 3 and 4 need to be signed by you and submitted to your son's Menahel.

### STUDENT INFORMATION (Please Print)

**TALMID'S NAME:** \_\_\_\_\_  
Last Legal First & Middle Name Hebrew First & Middle

Applying For/Entering Grade:  9th  10th  11th  12th  Beis Medrash

Address: \_\_\_\_\_  
Street or Mailing Address City State Zip

( ) / / - -  
Home Telephone Date of Birth: MM/DD/YYYY Social Security Number

**FATHER:** \_\_\_\_\_ **MOTHER:** \_\_\_\_\_

Preferred Method of Contact:  Father's Email  Father's Cell  Mother's Email  Mother's Cell  Home Phone

( )  
Father's Occupation & Employer Business Phone

( )  
Father's Cell Phone Father's Email Address

Mother's Occupation & Employer Business Phone

( )  
Mother's Cell Phone Mother's Email Address

**LEGAL GUARDIAN** if other than both parents:  
 Mother  Father  Other: \_\_\_\_\_

**Congregation/Shul Affiliation:** \_\_\_\_\_

Shul Rabbi: \_\_\_\_\_ Shul Phone: ( ) \_\_\_\_\_

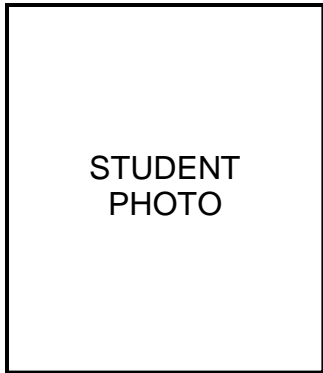
Address of Shul: \_\_\_\_\_

Yeshiva Currently Attending: \_\_\_\_\_

Address of Yeshiva Currently Attending: \_\_\_\_\_

**Current Grade in Lumedei Kodesh:** \_\_\_\_\_

**Current Grade in Lumedei Chol:** \_\_\_\_\_



### CAMPS

Name of Camp(s)	Location	Dates of Attendance



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MESIVTA HIGH SCHOOL - APPLICATION – PAGE 2

ACADEMIC INFORMATION (Please Print)

Describe briefly the material covered in the following areas:

_____	חומש רשי
_____	ניד/בניא
_____	משנה
_____	גמרא
_____	תוספות/מפרשים
_____	הלכה
_____	לימודים אחרים

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 you are involved in and/or prizes or awards received. (Use extra sheet if needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a career ambition? \_\_\_\_\_

\*Have you ever had a serious illness or accident? \_\_\_\_\_

\*Do you have any learning or behavioral disabilities? \_\_\_\_\_

\*Have you ever been dismissed from school? \_\_\_\_\_

List any prizes, awards or contests that you have won. \_\_\_\_\_

\*If you answered yes to any of these questions, please provide complete details under "Other Information."

SCHOOL INFORMATION (Please Print)

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

Name	Telephone	Grade Levels	Dates Attended
_____	( )	_____	_____
_____	( )	_____	_____
_____	( )	_____	_____

SCHOOL REFERENCES:

Name	Office Phone	Home Phone
Current Rebbe _____	( )	( )
Last Year's Rebbe _____	( )	( )
General Studies Principal _____	( )	( )
Lumedei Kodesh Principal _____	( )	( )





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# MENAHEL'S REPORT ON APPLICANT – PAGE 4

### INSTRUCTIONS FOR STUDENT:

Enter your name, address and grade in the spaces below and on Page 4 & 5 and give to your Menahel and Principal. Your parent must sign below giving permission for the school to release the requested information.

### INSTRUCTIONS FOR MENAHEL:

The following *talmid* is applying for admission to Yeshiva Toras Chaim/Denver. Please fill out this two-page form as completely as possible. **Include a copy of the student's most recent report card** and mail them to us at the above address. All information and recommendations will be kept confidential.

**TALMID'S NAME:** \_\_\_\_\_  
Last English First & Middle Hebrew first & Middle Grade

Address: \_\_\_\_\_  
Street or Mailing Address City State Zip

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

**PARENT'S SIGNATURE:** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_

**LIMUDEI KODESH**

**CLASS RANK:**     Top Third     Middle Third     Bottom Third

**THIS PAST YEAR'S FINAL MARKS:**    \_\_\_\_\_ Talmud    \_\_\_\_\_ Halacha    \_\_\_\_\_ Chumash    \_\_\_\_\_ Navi

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Satisfactory</u>	<u>Poor</u>
<b>Gemorah</b>					
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 (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conduct as a Ben Torah</b>					
Attitude towards Rebbe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude to 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"/>
Midos	<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 Tefillah	<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:**

◆ Has he 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 know? \_\_\_\_\_

\_\_\_\_\_

(Use separate sheet if needed)

**SIGNATURE OF MENAHEL:** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_

**NAME OF SCHOOL:** \_\_\_\_\_ **TELEPHONE:** (    ) \_\_\_\_\_



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## PRINCIPAL'S REPORT ON APPLICANT - PAGE 5

### INSTRUCTIONS FOR PRINCIPAL:

The following *talmid* is applying for admission to Yeshiva Toras Chaim/Denver. Please fill out this two-page form as completely as possible. **Include a copy of the student's transcript** and mail them to us at the above address. All information and recommendations will be kept confidential.

**STUDENT'S NAME:** \_\_\_\_\_  

\_\_\_\_\_ Last
\_\_\_\_\_ English First & Middle
\_\_\_\_\_ Hebrew first & Middle
\_\_\_\_\_ Grade

**Address:** \_\_\_\_\_  

\_\_\_\_\_ Street or Mailing Address
\_\_\_\_\_ City
\_\_\_\_\_ State
\_\_\_\_\_ Zip

### LIMUDEI CHOL – GENERAL STUDIES

**NAME OF SCHOOL:** \_\_\_\_\_ **TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**GRADES COMPLETED:** (Please Circle Highest Grade)    8th    9th    10th    11th

**CLASS RANK:**         Top Third         Middle Third         Bottom Third

**THIS PAST YEAR'S FINAL MARKS:**    \_\_\_ English    \_\_\_ Math    \_\_\_ Science    \_\_\_ Social Studies    \_\_\_ Language

**IN YOUR OPINION**, taking into account the student's total performance at your school, will he be (check one)  
 a superior student     a good student     an average student     a below average student

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Satisfactory</u>	<u>Poor</u>
<b>Academics</b>					
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"/>
<b>Conduct</b>					
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"/>

#### BACKGROUND:

- ◆ Has he 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 know? \_\_\_\_\_
- (Use separate sheet if needed)

**SIGNATURE OF PRINCIPAL:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINCIPAL'S PRINTED NAME:** \_\_\_\_\_