



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: () _____

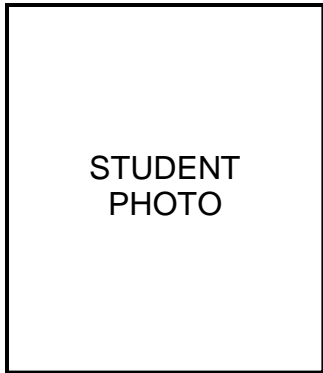
Address of Shul: _____

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



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 – 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 _____	()	()



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 – PAGE 3

OTHER INFORMATION

In the space below, you may provide any additional information we should know. (Use added sheet if needed.)

Five horizontal lines for providing additional information.

In your own words, write a formal paragraph (using complete sentences and proper grammar) about what you hope you hope to gain by attending the Yeshiva Toras Chaim:

Twenty horizontal lines for writing a formal paragraph.

It is understood that attendance at the Yeshiva is a privilege. Continuing enrollment in Yeshiva is dependent upon the performance of regular and satisfactory work, both in Lumedei Kodesh and in General Studies, as well as the adherence to rules and regulations outlined in the Registration Packet (sent upon acceptance to Yeshiva). Yeshiva reserves the right to withdraw a student for non-adherence to the rules and regulations and/or for unsatisfactory work.

I hereby agree to the above statement, and certify that the information contained in this application is complete and accurate.

Signature of Talmid

Date

Signature of Parent

Date



Yeshiva Toras Chaim
TALMUDICAL SEMINARY of DENVER

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

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>
Gemorah					
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"/>
Conduct as a Ben Torah					
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:** () _____



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

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>
Academics					
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"/>

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: _____