



Yeshiva Toras Chaim
 TALMUDICAL SEMINARY of DENVER
 1555 Stuart Street | Denver, Colorado 80204
 P: 303.629.8200

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 emozes@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: _____

Cell # (____).____. Email _____ Cell # (____).____. Email _____

____.____. (____).____. 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: (____).____.

SUMMER CAMP ATTENDED: _____



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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:



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MENAHIEL'S REPORT ON APPLICANT - LIMUDEI KODESH

Please fill out at your earliest convenience and email to emozes@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: (_____)_____. _____



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PRINCIPAL'S REPORT ON APPLICANT - LIMUDEI CHOL

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 Please include the most recent report card.

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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 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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