

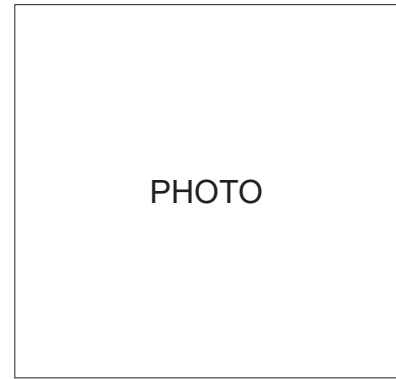


ישיבה תפארת ציון YESHIVA TIFERET TZION

בס"ד

HIGH SCHOOL DIVISION OF SHAAREI ZION
66-35 108TH STREET ♦ FOREST HILLS, NY 11375
TEL: 718-544-2727 EMAIL: theoffice@ytths.org

RABBI MOSHE AHARONOV
Menahel



FOR SCHOOL YEAR

20 / 20

DATE OF APPLICATION

GRADE ENTERING

APPLICATION FOR ADMISSION

STUDENT LAST NAME FIRST NAME/HEBREW MIDDLE NAME/HEBREW DATE OF BIRTH

FULL ENGLISH/LEGAL NAME OF STUDENT INCLUDING MIDDLE NAME

ADDRESS CITY STATE ZIP

HOME PHONE NUMBER STUDENT CELL PHONE NUMBER STUDENT EMAIL ADDRESS

PLACE OF BIRTH - CITY, STATE, COUNTRY AGE SOCIAL SECURITY

FATHER'S NAME OCCUPATION BUSINESS PHONE NUMBER

FATHER'S CELL PHONE NUMBER FATHER'S EMAIL ADDRESS

MOTHER'S NAME OCCUPATION BUSINESS PHONE NUMBER

MOTHER'S CELL PHONE NUMBER MOTHER'S EMAIL ADDRESS

PARENTS' MARITAL STATUS: MARRIED SEPARATED DIVORCED WIDOWED

PARENT'S ADDRESS & PHONE NUMBER (IF DIFFERENT FROM ABOVE) FATHER MOTHER

PATERNAL GRANDPARENTS ADDRESS HOME PHONE NUMBER

MATERNAL GRANDPARENTS ADDRESS HOME PHONE NUMBER

NAME OF SIBLING AGE WHICH SCHOOL ATTENDING/PRESENT OCCUPATION

NAME OF SIBLING AGE WHICH SCHOOL ATTENDING/PRESENT OCCUPATION

NAME OF SIBLING AGE WHICH SCHOOL ATTENDING/PRESENT OCCUPATION

NAME OF SIBLING AGE WHICH SCHOOL ATTENDING/PRESENT OCCUPATION

LIST SCHOOL YOU ARE CURRENTLY ATTENDING

PRESENT SCHOOL ATTENDING _____ / PRESENT GRADE IN HEBREW/SECULAR _____ PRINCIPAL _____

WHO REFERRED YOU TO OUR YESHIVA - NAME _____ RELATIONSHIP TO STUDENT _____ CELL PHONE NUMBER _____ / /

LIST SCHOOLS YOU HAVE PREVIOUSLY ATTENDED, THE MOST RECENT ONE FIRST

NAME OF SCHOOL	GRADE/S ATTENDED	DATES ATTENDED
		MONTH / YEAR TO MONTH / YEAR
		MONTH / YEAR TO MONTH / YEAR
		MONTH / YEAR TO MONTH / YEAR

STUDENT QUESTIONNAIRE (To be filled out by the student)

1. What is your favorite subject? _____ Why? _____

2. What is your least favorite subject? _____ Why? _____

3. Describe your interests and hobbies: _____

4. How have you spent your last two summers? _____

5. How do you feel you can contribute to the yeshiva? What are some of your personal strengths? _____

6. List any scholastic and extra curricular achievements/courses you have participated in: _____

PARENT QUESTIONNAIRE (To be filled out by parent)

1. Does your child have any special medical situation (past or present) that we should be aware of? _____

2. Has your child had any educational testing or counseling (I.E.P., Speech, Etc.)? _____

3. Is there any additional information you would like to share with us concerning your child or family situation? _____

4. What are your expectations for your child's high school experience? _____

5. Indicate your affiliation with with any communal, religious or educational organization? (Which shul do you attend? Who is your Rav?)

REFERENCES LIST TWO REFERENCES, PREFERABLY, INCLUDE YOUR RABBI AND A SCHOOL TEACHER OR PRINCIPAL

1. _____ / _____ / _____
LAST NAME FIRST NAME PHONE NUMBER RELATIONSHIP

2. _____ / _____ / _____
LAST NAME FIRST NAME PHONE NUMBER RELATIONSHIP

It is understood that the registration of all students admitted to the Yeshiva is subject to the following conditions: Attendance at the Yeshiva is a privilege and not a right. The Yeshiva reserves the right to demand the withdrawal of any student at any time, for any reason, which it deems sufficient. Continuing enrollment in the Yeshiva is dependent upon the maintenance of regular and satisfactory work, both in the Limudei Kodesh and Secular Departments. The student and family are required to familiarize themselves with, and to abide by, all the regulations of the Yeshiva.

We hereby certify that the information given in this Application is complete and accurate.

We have read and understood the Family/Student Handbook of the school. We agree to all the terms therein.

Signature of Applicant: **X** _____ / _____ / _____
DATE

Signature of Father: **X** _____ / _____ / _____
DATE

Signature of Mother: **X** _____ / _____ / _____
DATE

FOR OFFICE USE ONLY

CHECKLIST A:

STUDENT ID#

- 1. APPLICATION COMPLETED PROPERLY
- 2. PRINCIPAL EVALUATION FORM
- 3. TRANSCRIPTS/GRADE ~ 8 9 10 11 Other
- 4. LETTER(S) OF RECOMMENDATION

EDUCATIONAL INFORMATION:

1. **INTERVIEW**

CONDUCTED ON / / BY

NOTES

2. **EVALUATION EXAMS**

A. *LIMUDEI KODESH* - ADMINISTERED: / / BY

RESULTS/NOTES

B. *SECULAR STUDIES* - ADMINISTERED: / / BY

RESULTS/NOTES

ACCEPTANCE LETTER MAILED: YES NO ~ DATE / / BY

CHECKLIST B:

- 1. REGISTRATION PACKET (4 PAGES)
- 2. NYC HEALTH FORM
- 3. LUNCH FORM

ADDITIONAL INFORMATION: