



Application for Admission

'12- '13 / 5773

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Student Information

Your Name _____

Address _____

City, state, zip _____

e-mail _____

Date/Place of Birth _____

School Attending _____

Hebrew Name _____

Home Phone Number _____

Cell Phone Number _____

Social Security # _____

Passport Number _____

Rabbi _____

Family Information

Father's Name _____

Home Address _____

Occupation _____

Business Phone/Fax _____

Business Address _____

Cell phone _____

e-mail _____

Mother's Name _____

Home Address _____

Occupation _____

Business Phone/Fax _____

Business Address _____

Cell phone _____

e-mail _____

Names and Ages of Brothers and Sisters _____

Family in Israel (Name, Location, Relationship) _____

Educational Background

Please list chronologically all schools you have attended.

Name of School

Location(City & State)

Dates of Attendance

Graduation Date

Name of School	Location(City & State)	Dates of Attendance	Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please describe the extent of your Torah Education.

Understand Hebrew	<input type="checkbox"/> minimal	<input type="checkbox"/> average	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Speak Hebrew	<input type="checkbox"/> minimal	<input type="checkbox"/> average	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Torah & Navi	<input type="checkbox"/> minimal	<input type="checkbox"/> average	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Gemara	<input type="checkbox"/> minimal	<input type="checkbox"/> average	<input type="checkbox"/> good	<input type="checkbox"/> excellent

General Information

Please describe your activities during the past summer. _____

Please list any hobbies, special skills, or talents. _____

What interests you most about Yesod HaTorah ? _____

Please list two persons (one Rabbi, one educator) who can serve as references.

Name _____ Phone Number _____

Name _____ Phone Number _____

I understand that proper conduct and discipline befitting a Ben Torah are conditions for continued participation in Yesod HaTorah, and that transcripts will be issued only upon completion of the full academic year and of all financial obligations, as well as compliance with all Yeshiva regulations.

This certifies that to the best of the applicant's ability all information provided in this application is complete and accurate.

Signature of Applicant _____ Date _____

Signature of Parent _____ Date _____

Please fax to: **1-206-338-5959**

or Scan & Email to: **fayazi@YesodHaTorah.org**