



Applicant Information

Full Name: Last First M.I. Hebrew: Spelled in Hebrew

Date of Birth: Hebrew English Place of Birth

Country of Citizenship:

Nussach for Tefilla: Ashkenaz Sefard Ari

Does the applicant have a parents, grandparent, or great grandparent who is a Ger or Giyores (Convert)? YES NO

If yes, who?

Which Bais Din performed the conversion(s):

Please submit conversion document(s)

Does the applicant have any of the following conditions:

- ADD/ADHD, Disordered Eating, Panic/Anxiety Disorder, Depression, Learning or Processing Challenge, Obsessive Compulsive Disorder, Other Mental/Emotional or Social Health Issue.

Explain:

For all checked off, please specify if the student has taken medication regularly in the past 12 months.

Name of Medication Dose/How Often

Name of Medication Dose/How Often

Does the applicant see a therapist regularly? YES NO

If yes, please provide the following information

Name of Therapist Contact Information

Has academic support been suggested in the past? YES NO

For which subjects?

Has academic support been received in the past? YES NO

For which subjects?

Parent Information

Father

Name: Last First M.I.

Address: Street Address Apartment/Unit #

City State ZIP Code



Phone/Email:

Home Cell Email

Business Name:

Business Phone:

Business Address:

Street Address Apartment/Unit #

City State Zip Code

Shul Affiliation

Mother

Name:

Last First M.I.

Address:

(if different than above) Street Address Apartment/Unit #

City State ZIP Code

Phone/Email:

Home Cell Email

Business Name:

Business Phone:

Business Address:

Street Address Apartment/Unit #

City State Zip Code

Shul Affiliation:

If parents are divorced, who has custody of applicant? _____

Is either parent remarried? _____

Grandparent Information

Paternal Grandparents

Name:

Husband Wife

Address:

Street Address Apartment/Unit #

City State ZIP Code

Phone/Email:

Home Cell Email

Maternal Grandparents

Name:

Husband Wife

Address:

Street Address Apartment/Unit #

City State ZIP Code

Phone/Email:

Home Cell Email

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Sibling Information			
Siblings	Age	M/F	School Attending

If additional space is needed, please use back.

Education				
Schools Attended	Address	Phone Number	Grade Level(s)	Years Attended

Other	
Youth Organizations you belong to and/or courses you are currently enrolled in, i.e. art, gymnastics, etc.	
<u>Activity/Group</u>	<u>Organization</u>

Summer programs/activities/jobs you were involved in the last three years:		
Program/Activity/Job	Organization/Location	Year



To the Parent or Student:

After you have filled in the four lines below, detach this page and give this form to the principal of your present school.

Student Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Current School: _____
School *School Phone*



To the Principal:

The student whose name appears above is applying for admission to Bais Yaakov High School of the Twin Cities. Please fill out the form on the reverse side or have the form filled out by a teacher. All information submitted will be held strictly confidential.

Thank you.

Transcript:

Please send the following information about the applicant (in both the Hebrew and the General Studies Departments—where applicable)

- A. Transcript
- B. Standardized test results
- C. IEP, 504, or TAP accommodations
- D. Principal's Recommendation
- E. Any other pertinent information



To the Principal (or teacher):

Student Name: _____

How would you rate the student in the following areas?

	No Basis	Poor	Below Average	Average	Very Good	Excellent	Comment
Academic Ability							
Class Decorum							
Study Habits							
Motivation							
Shmiras Hamitzvos							
Tznius							
Emotional Stability							
Self confidence							
Ability to get along with peers							
Dependability							
Reaction to Criticism							
Leadership							
Parental Support							

Additional Comments _____

Has this student received any academic support? _____

Would this student benefit from any academic support? _____

Signature: _____ **Position:** _____

Please Print Name: _____

How long do you know the student? _____

What telephone number can be used to contact you, if further information is needed? _____

Please return this form to:
Bais Yaakov High School of the Twin Cities
4509 Minnetonka Blvd
St. Louis Park, MN 55416
Phone: 952-915-9117
Fax: 952-915-9116
Email: office@bytcschool.org