



## Application for Admission

Date of Application \_\_\_\_\_

Name of Student \_\_\_\_\_  
Last First Middle

Full Hebrew Name \_\_\_\_\_ Kohen Levi Yisroel

Name most commonly referred to at home/school \_\_\_\_\_

Applicant to enter Shiur \_\_\_\_\_ to begin enrollment in \_\_\_\_\_  
Month Year

### Personal Data

Date of birth \_\_\_\_\_ Hebrew Date of Birth \_\_\_\_\_

Country of citizenship \_\_\_\_\_

### Family Data

Father's Name \_\_\_\_\_ Father's Hebrew Name \_\_\_\_\_

Home address  
\_\_\_\_\_

Business name \_\_\_\_\_ Occupation \_\_\_\_\_ E-mail \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Hebrew Name \_\_\_\_\_

Home address  
\_\_\_\_\_

Business name \_\_\_\_\_ Occupation \_\_\_\_\_ E-mail \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parents' Marital Status: Married Separated Divorced Widowed Re-married

Applicant lives with: Biological Father Biological Mother Other: \_\_\_\_\_

**Please list the school(s) the applicant has attended for the past two years:**

School Name	Grade(s)	Dates of attendance	Reason for withdrawal

**Address:**

**Principal name and phone number:**

**Teacher/ Melamed name and phone number:**

**Comments:**

School Name	Grade(s)	Dates of attendance	Reason for withdrawal

**Address:**

**Principal name and phone number:**

**Teacher/ Melamed name and phone number:**

**Comments:**

**Please list the summer programs applicant has attended in the last two years:**

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Name of Camp	Year	Counselor	Phone number
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Name of Camp	Year	Counselor	Phone number
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**Please list the summer program applicant plans on attending this upcoming summer:**

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Please list at least two references that we may contact regarding the applicant:

Name (with appropriate title)	Relationship to applicant	Phone number

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What languages are spoken at home? \_\_\_\_\_

Has your child ever seen a therapist or counselor and what was the nature of the visits?

\_\_\_\_\_  
Please share any information/details to help us better understand and respond to your child's needs:

\_\_\_\_\_  
Does your child struggle with any condition which might impair his ability to learn or may require special consideration, i.e. Learning disability, ADD, OCD, anxiety etc.

\_\_\_\_\_  
Does your child take any medication?

\_\_\_\_\_  
Has your child ever received severe disciplinary censure at school or from the community? Yes No  
School Suspension? Yes No Asked to withdraw by school? Yes No

Additional Comments:

\_\_\_\_\_  
Please list Talmid's special talents and/or interests

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Fax completed application to 954.208.0788 or scan and E-mail to [Registration@MesivtaCS.com](mailto:Registration@MesivtaCS.com)

The \$150 Registration Fee can be paid online at [www.Mesivtacs.com/Fees](http://www.Mesivtacs.com/Fees) or by mailing a check to our administrative office:  
Mesivta of Coral Springs 1500 N. State Road 7 Margate, Florida 33063