

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, phone number, EMAIL:

Teacher name, phone number, EMAIL:

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:

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:

Please list your family Rov/Mashpia and two references that we may contact regarding the applicant:

Name (with appropriate title)	Relationship to applicant	Phone number
Rov		
Reference		
Reference		

Has your child expressed interest in studying Limudei Chol/Secular Studies? _____

What languages are spoken at home? _____

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

Has your child ever received a Psychological or Academic Evaluation? _____

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.

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

Does your child take any medication?

Has your child ever received a school suspension? Yes No

Has your child ever been asked to withdraw from school? Yes No

Additional Comments:

Please list Talmid's special talents and/or interests

Fax completed application to 954.208.0788 or scan and E-mail to Registration@MesivtaCS.com

The \$150 Registration Fee can be paid online at 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