



# FOXMAN TORAH INSTITUTE

מסעדת בית דוד

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www.FTIYeshiva.org

The Joy of Torah - For Life

Please  
attach a recent  
photograph

## APPLICATION FOR ADMISSION

Student's Name: \_\_\_\_\_

Student's Hebrew Name: \_\_\_\_\_ Name Student Goes by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Full Name to be called up to the Torah: \_\_\_\_\_ *ben*  Cohen  Levi  Yisrael

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Applicant is entering \_\_\_\_\_ grade in academic year \_\_\_\_\_ - \_\_\_\_\_ .

### DIRECTIONS FOR COMPLETING APPLICATION

1. Complete all items clearly. (Use a separate paper if necessary.) Do not omit any items. All information will be kept strictly confidential.
2. The Applicant's attached Evaluation Form is to be completed by both the Judaic and General Studies Principals of applicant's school. Completed forms along with 7th and 8th grade report cards should be scanned and **emailed to admissions@FTIyeshiva.org, faxed to 856-482-8235, or mailed to FTI, 31 Maple Ave., Cherry Hill, NJ 08002.**
3. Applicant will be required to take an entrance examination in *Gemara* and general studies and appear for a personal interview. Upon receipt of completed application, evaluation forms, and report cards, we will contact candidates to arrange interviews.

## SECTION ONE

1. <b>Father's Name:</b> <input type="checkbox"/> Rabbi <input type="checkbox"/> Dr. <input type="checkbox"/> Mr.		2. Place of Birth:	
3. Occupation:		4. Business Name:	
5. Home Phone: (    )		6. Business Phone: (    )	
7. Cell Phone: (    )		8. Email Address:	
9. Home Address	Address:		
	City:	State:	Zip:
10. Business Address	Address:		

11. <b>Mother's Name:</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		12. Place of Birth:	
13. Occupation:		14. Business Name:	
15. Home Phone: (    )		16. Business Phone: (    )	
17. Cell Phone: (    )		18. Email Address:	
19. Business Address	Address:		
20a. Parent's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widow(er) _____			
If divorced, who has custody? _____ Who is responsible financially? _____			
With whom does the child primarily reside? _____			
20b. Mother's Home Address	Address:		
	City:	State:	Zip:

21. Paternal Grandparents:	
22. Address:	
23. Home Phone: (    )	24. Email Address:

25. Maternal Grandparents:	
26. Address:	
27. Home Phone: (    )	28. Email Address:

29. Sibling Information:

Name(s)	Age	Grade	School

## SECTION TWO

30. Please list chronologically the Yeshivos you have attended starting with the most recent:

Name of School	Address and Phone Number	Dates of Attendance

31. Please provide information for the following references:

	Name	Phone	Email Address
A. Menahel			
B. General Studies Principal			
C. Current Rebbe			
D. Shul Rav			
E. Other			

## SECTION THREE - TO BE FILLED OUT BY APPLICANT

32. What subjects have you liked best?

Least?

33. Please indicate any honors classes in which you are enrolled?

Awards, prizes, and scholarships you have received:

34. How have you spent the last two summers? State specifically which camps you attended.

Previous summer

Most recent summer

35. How do you plan on spending this coming summer? Please be specific.

36. List hobbies, musical and artistic talents, and sports interests:

## SHORT ESSAY

**Please write essay on back page or attach separate handwritten essay and address the following questions:**

What things are most important to you in your life?

What do you hope to gain from Yeshiva high school?

## SECTION FOUR - TO BE FILLED OUT BY APPLICANT'S PARENTS

37. Does the applicant receive any resource room or supplemental help? If yes, please describe:

38. Has the applicant had a psycho-educational assessment (including ADD, ADHD, etc.)?  Yes  No

If yes, please attach.

39. Does the applicant have any particular disabilities, special needs (physical, academic, or emotional), or special family considerations?

40. Does the applicant take any medications? If yes, please list and explain for what conditions.

## FINANCIAL AID

Will the applicant's family require a financial aid application?  Yes  No

*Each family applying for financial assistance MUST complete an application and submit all supporting documentation requested to be considered for any scholarship awards.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of mother: \_\_\_\_\_ Date: \_\_\_\_\_



**FOR OFFICE USE ONLY**

Interview Date:

Interview Notes:

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