



# FOXMAN TORAH INSTITUTE

מתיבתא בית דוד

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*The Joy of Torah - For Life*

## PRINCIPAL'S REPORT ON APPLICANT

Student Name:

*Last*

*First*

Address:

City:

State:

Zip:

*NOTE: Principals are requested to complete the sections in this form. When completed, please attach a copy of the applicant's 7th and 8th grade report cards and send directly to FTI, attention Rabbi Kramer. Please email a scan to admissions@ftiyeshiva.org, fax to 856-482-8235, or mail to 31 Maple Avenue, Cherry Hill, NJ 08002. All information and recommendations will be kept confidential. Thank you for your cooperation.*

**We regret that we cannot process the student's application unless all questions on this form have been answered.**

### LIMUDEI KODESH DEPARTMENT

Class Rank	<input type="checkbox"/> Top Third	<input type="checkbox"/> Middle Third	<input type="checkbox"/> Bottom Third
FINAL GRADES LAST JUNE	MOST RECENT MARKNG PERIOD		ציונים
			תלמוד (הבנה)
			תלמוד (פירוש)
			הלכה
			חומש
			נביא

Please comment on the student's performance in the following areas:

	א) הצטיינות
	ב) כשרונות
	ג) שקידה והשתדלות
	ד) הנהגה דתית
	ה) מדות ואישיות
	ו) השפעה משפחתית
	ז) הוספות והערות

Signature, *Limudei Kodesh* Department Principal

Date



Student Name: \_\_\_\_\_

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**GENERAL STUDIES DEPARTMENT**

Class Rank       Top Third       Middle Third       Bottom Third

**Please mark the appropriate spaces below:**

	Excellent	Good	Average	Below Average	Unsatisfactory
Attendance					
Behavior					
Intellectual Abilities					
Leadership					
Motivation					
Relationships to Students					
Relationships to Teachers					
Work Habits					

**Scholastic ability:**

IQ Score:	Name of Test:	Date Administered:	
Standardized Test Results	Type	Administered in Grade	Grade Equivalent
Math			
Reading			

1. Discuss any learning disabilities, family or personal difficulties, or other problems of which you are aware. Please give specific examples.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you requested that the student have a psycho-educational or emotional assessment?

Yes \_\_\_\_ No \_\_\_\_

If so, has the family complied? Yes \_\_\_\_ No \_\_\_\_

3. Has this student been suspended within the last four years? Yes \_\_\_\_ No \_\_\_\_

If "yes," please list the dates and reasons for these suspensions below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature, General Studies Department Principal

\_\_\_\_\_  
Date