

APPLICATION For Admission



Complete all items clearly. Please print neatly.

All applicants must appear for a personal interview at Torah High Schools of San Diego.

Applicant Information

Last Name	First Name	Middle Name	Preferred Name	Hebrew Name
Home Address	City	State/Province	Country	Zip Code
Age	Date of Birth (Mo/Day/Year)	Country of Birth	Country of Citizenship	
Social Security Number ()	Student's email Address ()			
Cell Phone Number (student)	Home Telephone	Fax Number	Current Grade	
Applying for Grade	Month/Year of Proposed Entrance	Recommended by		

Family Information

Father's/Guardian's Name	Hebrew Name	Occupation & Firm		
Home Address ()	City ()	State/Province ()	Country	Zip Code
Cell Phone Number ()	Home Telephone	Fax Number		
Work Number	email address			
Mother's/Guardian's Name	Hebrew Name	Occupation & Firm		
Home Address ()	City ()	State/Province ()	Country	Zip Code
Cell Phone Number ()	Home Telephone	Fax Number		
Work Number	email address			

Family Information (continued)

Applicant lives with?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both	<input type="checkbox"/> Other _____
Where should admission material be sent?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both	<input type="checkbox"/> Other _____
Where should bills be sent?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both	<input type="checkbox"/> Other _____
Check if appropriate:	<input type="checkbox"/> Parent Deceased	<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Adoption	<input type="checkbox"/> Family Illness
	<input type="checkbox"/> Living Outside US	<input type="checkbox"/> Other _____		

If parents are divorced or separated, who has legal custody of the applicant? _____

First Language, other than English _____ Language spoken at home _____

Declaration of ethnicity (optional) _____ Family's Synagogue Affiliation _____

Information about siblings (use additional sheets if necessary)

Name	Age	School
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Name	Age	School
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Name	Age	School
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Name	Age	School
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Name of Maternal Grandparents _____

Home Address	City	State/Province	Zip Code	email
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Name of Paternal Grandparents _____

Home Address	City	State/Province	Zip Code	email
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Education

Present School

School Name	Dates of Attendance
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Address	City	State/Province	Country	Zip Code
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Head Counselor	Telephone	Fax Number
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Education (continued)

Other Schools attended in the last three years

Check here if student attended the same school as above for the past three years.

School Name	City	State/Province	Dates of Attendance
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School Name	City	State/Province	Dates of Attendance
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School Name	City	State/Province	Dates of Attendance
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Medical Information

Medical Insurance Carrier: _____ Policy # _____ Group # _____

*** If your daughter is a boarding student please include a copy (front & back) of their insurance card.**

Physician's Name: _____ Phone Number: _____

PPO <input type="checkbox"/> HMO <input type="checkbox"/> Torah High Schools has permission to dispense medication-containing Ibuprofen. Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please indicate if your child has a pre-existing medical condition or disability (health, mental or other):

Please indicate if your child has any allergies (medication or other):

Please list any prescribed medication your child is currently taking:

Emergency Telephone Numbers

Indicate two individuals who may be called in case applicant's parents cannot be reached.

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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Student Interest

Youth Group(s) with which applicant is affiliated _____

What are the applicant's most pronounced interests (music, art, science, etc.)? _____

Awards, prizes and honors applicant has received: _____

Membership or office held by applicant in any school or outside organization: _____

How did the applicant spend the last three summers (name of camps, etc.)? _____

We understand that the high school course of study is a four-year program that reflects the Yeshiva's commitment to excellence in Torah and General studies, combined with a commitment to the values and traditions of Torah Judaism. The Torah High Schools of San Diego has the discretionary right to require the withdrawal of any student at any time for any reason the school deems sufficient. We hereby certify that the information given in this application is complete and accurate.

Signature of Applicant _____ Date _____

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____