

Date of Application: ____ / ____ / ____ For Admission to Grade: _____ as of ____ / ____ / ____

This application is regarded as a formal request for consideration of your son as a student at the Yeshiva of Greater Washington. Please answer all questions and return to the Registrar; omission of information will delay processing. *The application must be accompanied with a non-refundable Application Fee of \$100, which will be applied towards the registration fee at the time of acceptance.* Please contact the Registrar by phone (301-962-5111, ext. 1553) or e-mail (registrar@yeshiva.edu) to obtain additional forms or for assistance in completing forms. **Applicants should also review the Admissions Procedures found at the end of this application.**

Please attach
a current photo
here

CONSENT AND RELEASE OF RECORDS

I hereby agree to provide the Yeshiva of Greater Washington with accurate and current information concerning my child,

Print Name of Student

I also grant permission for appropriate Yeshiva personnel to contact the professionals listed in this application and for release to the Yeshiva of all transcripts, report cards, standardized test results, and other relevant records, including educational and psychological evaluations and IEP's, for my child. Records received as a result of this application become part of the student's confidential permanent file at the time of enrollment.

Print Name of Parent or Legal Guardian

Signature

Date

BOYS DIVISION
1216 ARCOLA AVENUE
SILVER SPRING, MARYLAND 20902
301-649-7077 VOICE 301-649-7053 FAX
WWW.YESHIVA.EDU

BUSINESS OFFICE:
2010 LINDEN LANE
SILVER SPRING, MARYLAND 20910
301-962-5111 VOICE 301-962-8372 FAX
REGISTRAR@YESHIVA.EDU

STUDENT INFORMATION

Name (Last, First Middle) _____

Date of Birth ____/____/____ Social Security Number _____ Is child a U.S. citizen? ____ Yes ____ No

Hebrew Name (First, Middle, Last) _____ Is child adopted? ____ Yes ____ No

Is child of Jewish origin? ____ Yes ____ No >> *If "No", a copy of conversion certificate signed by the presiding Bais Din is **required**.*

Parents' Marital Status ____ Married ____ Separated ____ Divorced ____ Widowed

Legal Guardian(s) (Parents or other persons) _____

Student Lives With (Check all that apply) ____ Biological Father ____ Biological Mother ____ Step-father ____ Step-mother
____ Other (specify name/relationship) _____

Student's Home Address _____

City, State, Zip _____ Student's Cell Phone _____

Home Phone _____ Home Fax _____ Home E-mail _____

STUDENT ACADEMIC AND MEDICAL INFORMATION

Previous Schools Attended: List chronologically below & include address of most recent school.

Include for each school: Grade(s) _____ Dates of Attendance _____ Reason for Withdrawal _____

(1) Current School _____

Address _____

Contact Person _____ Position _____ Phone _____

(2) Previous School _____

Contact Person _____ Position _____ Phone _____

(3) Previous School _____

Contact Person _____ Position _____ Phone _____

Testing: Has the applicant had any educational or psychological testing or counseling, or a current I.E.P.? ____ Yes ____ No

Date of most recent: I.E.P. _____ testing _____ counseling _____

Medical Condition(s): Does your child take any prescription medication(s) on a regular basis? ____ No ____ Yes

Does your child carry an Epipen? ____ No ____ Yes an inhaler? ____ No ____ Yes

If "Yes" to either question, specify below each medication and for what condition it is prescribed. (Use additional paper, if necessary)

Medication _____ Condition _____ Medication _____ Condition _____

Note any other health issues that may affect your child this year (e.g., diabetes, asthma, depression, ADD, eating disorder, migraines):

Current Family Synagogue Affiliation and Denomination (e.g., Orthodox, Conservative): _____

_____ Rabbi _____ Telephone _____

Family Situations or Events: Note any family situation or events (*e.g. baby, simcha, illness, divorce, death*) that may affect your child this year.

Miscellaneous Information: Any other information you would like to share about your child _____

Other Children in Family:

| Name | Age | School or Occupation | Grade |
|------|-----|----------------------|-------|
|------|-----|----------------------|-------|

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ADMISSIONS PROCEDURES

Application, Fee and Report Cards

Complete the Application for Admission. Please enclose copies of report cards for the past two years and **return with the \$100 application fee** to: Yeshiva of Greater Washington, Attn: Registrar, 2010 Linden Lane, Silver Spring, MD 20910

References

Please give copies of the Limudei Kodesh Reference Form and the Limudei Chol Reference Form to your son's current respective principals to complete. Principals should return these forms directly to the Boys Office.

Testing

Prospective students will be tested in Limudei Kodesh and Limudei Chol, for placement purposes.

For the Limudei Kodesh test, students should prepare a piece of Gemorah and be prepared to discuss it with one of the Rabbeim at the time of his interview.

For the Limudei Chol testing, which generally takes place before the interview, students will be asked to provide a writing sample and take standardized tests in math, verbal and reading skills. Other tests may be requested as necessary.

Other Relevant Documents and Records

If applicable, copies of any educational or psychological testing, or IEP's, must be submitted with the application. Please submit these items no matter how old they are.

Please also submit an official transcript from any previous schools attended for grades 9-12.

Interview

Upon receipt, completion and review of the above materials, the Yeshiva will contact you to arrange an interview.

Admission

Parents will be notified in writing of the student's admission status, following a thorough evaluation by the administrators of test results, interview, school records and recommendations.

A complete explanation of financial obligations, tuition contracts and tuition assistance information will be forwarded upon your son's acceptance to the Yeshiva.