בס"ד

# Application For Admission

*This application must be accompanied by a $100 Processing fee.*

***PART I – To be completed by parent***

## Student Information

**Name** _____
Last First Middle

Permanent Address _____
Number Street Apartment #

_____
City State Country Postal/Zip code

_____
Student Cell Number Fax Student e-mail (important)

Picture

**Date of Birth** ___/___/___/ **place of birth**_____ **Citizenship**_____
M D Y

**Name on passport or I.D. if different than above** _____

**Passport or I.D. #**_____ **Expiration Date on passport or I.D.**____/____**Social Security #**_____-_____-_____
M Y

**For torah reading purposes**
**Son's full hebrew name**_____ **Fathers full hebrew name**_____

## Parental Information

MaritalStatus ☐Married ☐Separated ☐Divorced ☐Other_____

**Fathers Name** ☐ Mr. ☐ Dr. ☐ Rabbi_____ **Cell Number** _____
First Last

**Fathers Occupation**_____ **Fathers e-mail**_____

**Employer** _____**Business Address** _____ **Phone** _____

**Mothers Name** _____ **Cell Number** _____
First Maiden

**Mothers Occupation**_____ **Mothers e-mail**_____

**Employer** _____**Business Address** _____**Phone**_____

**If Applicant lives with a guardian** _____
Name Phone number

_____
Relationship Address

**Emergncy Contact** _____
Name Phone number Relationship

**Please list your child's Menahel and Rebbi or teacher of last school attended:**

**Menahel:**_____**School:**_____**Telephone: (_____)**_____

**Address:**_____

**Teacher: :**_____**School:**_____**Telephone: (_____)**_____

**Address:**_____

**List two persons involved in your child's Jewish Education, from whom you have obtained letters of recommendation:**

**Name:**_____**Position:**_____**Telephone: (_____)**_____

**Address:**_____

**Name:**_____**Position:**_____**Telephone: (_____)**_____

**Address:**_____

## *PART III – To be completed by applicant*

**Describe the extent of your education/knowledge in the following subjects:**

**Scale 1 through 5; 1 being the lowest and 5 being the highest ( use ☑)**

| **Hebrew** | **1** | **2** | **3** | **4** | **5** | **Comments** |
|---|---|---|---|---|---|---|
| Comprehension | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Reading | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Writing | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Tanach** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Mishna** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Gemarah** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Chassidus/Jewish Philosophy** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Jewish History** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **English** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Reading | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Writing | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Math** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Computers** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Windows xp/vista/7 | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Microsoft Word | ☐ | ☐ | ☐ | ☐ | ☐ | |

List applicants job or vocational interests:

*PART II – To be completed by parent*

| Names of Brothers and Sisters | M/F | Age | School |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Is your son particularly close with any of his siblings ? Name** _____ **Phone** _____

**List all the schools that the applicant has attended for the past three years:**

| Name of school | Grade | Principal |
|---|---|---|
| | | |
| | | |
| | | |

**Is there any person such as Rebbi, Teacher, Mashpia or Principal that your son has a connection with?** _____

**Name** _____ **Phone** _____

**If some time elapsed since applicant last attended school, how have you spent it ?**_____

_____

**Please describe your son's learning strengths and limitations:**_____

_____

**Please describe your son's social strengths and limitations:**_____

_____

**Please describe your son's midos tovos:**_____

_____

**If applicable describe your son's special learning needs:**_____

_____

**If applicable describe your son's special physical or emotional needs:**_____

_____

Please provide information on the maturity of the applicat and why you see the applicatas a fit canidtate for a dorm type program.

_____

_____

_____

**Please list any professionals who may have worked with special needs of the applicant, including counselors, psychologists, medical doctors, educational or other therapists, tutors, or others:**_____

**Parents, please describe your child's ATTITUDE in the following areas: Scale 1 through 5; 1 being the lowest and 5 being the highest ( use ☑)**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Yiras Shamayim | ☐ | ☐ | ☐ | ☐ | ☐ |
| Work Habits: | ☐ | ☐ | ☐ | ☐ | ☐ |
| Appropriate Language | ☐ | ☐ | ☐ | ☐ | ☐ |
| Honesty and Ethics | ☐ | ☐ | ☐ | ☐ | ☐ |
| Anger Issues | ☐ | ☐ | ☐ | ☐ | ☐ |
| Social Interactions | ☐ | ☐ | ☐ | ☐ | ☐ |

**Please list your child's Menahel and Rebbi or teacher of last school attended:**

**Menahel:**_____**School:**_____**Telephone: (_____)**_____

**Address:**_____

**Teacher: :**_____**School:**_____**Telephone: (_____)**_____

**Address:**_____

**List two persons involved in your child's Jewish Education, from whom you have obtained letters of recommendation:**

**Name:**_____**Position:**_____**Telephone: (_____)**_____

**Address:**_____

**Name:**_____**Position:**_____**Telephone: (_____)**_____

**Address:**_____

## *PART III – To be completed by applicant*

**Describe the extent of your education/knowledge in the following subjects:**

**Scale 1 through 5; 1 being the lowest and 5 being the highest ( use ☑)**

| **Hebrew** | **1** | **2** | **3** | **4** | **5** | **Comments** |
|---|---|---|---|---|---|---|
| Comprehension | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Reading | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Writing | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Tanach** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Mishna** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Gemarah** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Chassidus/Jewish Philosophy** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Jewish History** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **English** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Reading | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Writing | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Math** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **Computers** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Windows xp/vista/7 | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Microsoft Word | ☐ | ☐ | ☐ | ☐ | ☐ | |

List applicants job or vocational interests:

**How have you spent the last two summers?**_____

_____

**Please list your extracurricular interests:**_____

_____

**Briefly describe the material in the following areas last year:**

**Gemarah**_____

**Chumash**_____

**Nach**_____

**Halacha**_____

Other: _____

What other factors would you like us to consider in evaluating your application form?_____

_____

Please write an essay describing why you want to join our Yeshiva. Feel free to include some of your accomplishments. What are your goals both religiously and academically? (Use additional paper if necessary).

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If any information incomplete, inaccurate or untrue Yeshivas Doresh reserves the right to disavour any commitment made on its part with no refund.

Please submit payment via mail with application. Options include:

EMail to Doreshoffice@gmail.com

Fax to (305) 470-7490

mail to 2636 NE 205 st , Miami FL 33180

**I have completed all of the information requested on this form.**

| _____ | _____ | _____ |
|---|---|---|
| Signature of Applicant | Date | Signature of parent or Guardian |