

RAMBAM MESIVTA
 MAIMONIDES HIGH SCHOOL
 15 FROST LANE - LAWRENCE, NY 11589
 TEL (516) 371-5824
 FAX (516) 371-4706

DIRECTIONS FOR COMPLETING THIS APPLICATION

1. Complete all items clearly. Attach a recent photograph to the school after you complete the application.
2. A non-refundable application fee of \$100.00 payable to Rambam Mesivta must accompany this application.
3. The Applicant's Evaluation form is to be given to both the Hebrew and Secular Studies Principals of your current school. Principals should mail their completed forms directly to the Rambam Mesivta.
4. All applicants must complete the entrance examination administered by the Board of Jewish Education, take an oral Judaic exam administered by the Rambam Mesivta and appear for a personal interview.

APPLICATION FOR ADMISSION

Student's Name (Last, First, Middle) _____

Grade: 9 10 11 12 Soc. Sec #: _____

Student's Hebrew Name: _____

Home Address: _____ City: _____ State: _____ Zip: _

Date of Birth: _____ Place (If Foreign, Indicate Date of U.S. Arrival): _____

Student's E-mail Address: _____ Home Telephone: _____

Name and Address of Current School: _____

Name and dates of previous schools attended: _____

How did the Applicant spend the last three summers? (Name of Camp. etc.): _____

APPLICANT'S FATHER

Name (Title, Last, First, Middle): _____

Hebrew Name: _____

Home Address: _____

Home Telephone: _____

Cell Phone Number _____

Employer: _____

Nature of Business: _____

Business Address: _____

Business Telephone: _____

E-mail Address: _____

APPLICANT'S MOTHER

Name (Title, Last, First, Middle): _____

Hebrew Name: _____

Home Address: _____

Home Telephone: _____

Cell Phone Number _____

Employer: _____

Nature of Business: _____

Business Address: _____

Business Telephone: _____

E-mail Address: _____

Grandparents (Maternal, and Paternal)

Name: _____

Address: _____

Name: _____

Address: _____

Other Children in the Family

Name

Current School

Grade

Name	Current School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents' Jewish and General Communal Affiliations (educational, religious, etc.): _____

Address of congregation with which family is affiliated: _____

Rabbi: _____

Will you be requesting tuition assistance? Yes No

Has the Applicant any particular disabilities, special needs (physical, academic or emotional), or family issues?

Is Applicant taking any medications or being seen for any condition? Yes _____ No _____

If yes, Please explain for what condition.: _____

Youth groups with which Applicant is affiliated: _____

Please indicate material covered this year and languages of instruction (Hebrew, English, other):

MISHNAYOT: _____

GEMARAH: _____

TANACH: _____

HALACHAH: _____

Other: _____

Please indicate any honors classes in which Applicant is enrolled: _____

Is Applicant currently enrolled in any of the following regents courses?

Math Yes No Earth Science Yes No Hebrew Yes

Other: _____

Awards, prizes and scholarships Applicant has received: _____

Today's Date: _____

I hereby make application for admission of my son to the Rambarn Mesivta for the school year beginning next September, that the information in this application is complete and accurate.

We understand that the Mesivta offers a full four-year course of study dedicated to excellence in Torah, Academics, Mido Development.

We understand that the Rambarn Mesivta has the right to require the withdrawal of any student at any time for disciplinary reasons or any reason at the discretion of the Mesivta. I further understand students are expected to uphold the moral, religi principles of the Rambam Mesivta at all times, both in and out of the Mesivta.

PARENT'S SIGNATURE: _____

APPLICANT'S SIGNATURE: _____