



**Application for Admission-Mesivta (page 1 of 6)**

Please answer all questions and print clearly. Fill in applicants name at the top of every page.

**Student Information:**

1. Legal Name \_\_\_\_\_  
Last First Middle

2. Hebrew Name \_\_\_\_\_

3. Home Address \_\_\_\_\_  
Street City State Zip

4. Telephone \_\_\_\_\_ Home Fax 5. Date of Birth \_\_\_\_\_

6. Candidate for Grade: 9 10 11 12 Entering Year \_\_\_\_\_

6. Applicant's Current School \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_ Years Attended \_\_\_\_\_ SS # \_\_\_\_\_

Previous Schools Attended \_\_\_\_\_ Years \_\_\_\_\_

**7. Applicant's Siblings:**

Name Age School Grade

Name	Age	School	Grade

**8. References:**

A: Name \_\_\_\_\_ Related/Position \_\_\_\_\_

Day/Eve Phone \_\_\_\_\_ / \_\_\_\_\_ Best time to call \_\_\_\_\_

B: Name \_\_\_\_\_ Related/Position \_\_\_\_\_

Day/Eve Phone \_\_\_\_\_ / \_\_\_\_\_ Best time to call \_\_\_\_\_

9. Who referred you to the Mesivta of Waterbury? \_\_\_\_\_



**Application for Admission-Mesivta (page 2 of 6)**

Applicant's Name \_\_\_\_\_

**10. Parents Information:**

**FATHER**

**MOTHER**

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Title (Rabbi/Dr./Mr./Other \_\_\_\_\_)

Title (Reb./Dr./Mrs./Other \_\_\_\_\_)

Home Address and Telephone  
(If different from above)

Home Address and Telephone  
(If different from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

Business Fax \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

11. Parents' Marital Status \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

12. Shul Affiliation: Name \_\_\_\_\_ Address \_\_\_\_\_

Rabbi's Name \_\_\_\_\_ Telephone \_\_\_\_\_

13. Do you attend a bungalow colony? Yes \_\_\_ No \_\_\_ If yes which one? \_\_\_\_\_

**14. Grandparents Information:**

**PATERNAL**

**MATERNAL**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Synagogue \_\_\_\_\_

Synagogue \_\_\_\_\_



**Application for Admission -Mesivta (page 3 of 6)**

**Applicant's Name** \_\_\_\_\_

**Parental Perspective:**

We value the insights parents have of their children. Your comments provide important information about your son that enables us to come to know him better. We are primarily interested in whatever you think is important for us to know about your son.

1. Describe any special circumstances that have affected your child's performance in school:

\_\_\_\_\_  
\_\_\_\_\_

2. The most significant factor(s) and influence(s) that have shaped my child thus far include...

\_\_\_\_\_  
\_\_\_\_\_

3. To date, my child's most significant academic challenge has been...

\_\_\_\_\_  
\_\_\_\_\_

4. Has your child ever been suspended or expelled from school? No\_\_\_\_\_ Yes\_\_\_\_\_ (If yes please explain)

\_\_\_\_\_  
\_\_\_\_\_

5. Please inform us of anything else you think is important or that could help us educate you child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_



**Application for Admission -Mesivta (page 4 of 6)**

**Applicant's Name** \_\_\_\_\_

**Applicant's Perspective:**

**1. I chose to apply to the Mesivta of Yeshiva Ateres Shmuel of Waterbury because...**

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**2. Please list summer activities for the past three summers:**

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**3. My most significant accomplishment to date is...**

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**4. When I have free time, I like to...**

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**Application for Admission -Mesivta (page 5 of 6)**

**Applicant's Name** \_\_\_\_\_

**Medical Information**

1. Has the applicant, or any member of his family, suffered from: tuberculosis, epilepsy, emotional disturbances, heart diseases, asthma, diabetes, digestive tract diseases, other diseases. \_\_\_ No \_\_\_ Yes. If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the applicant taking any medication? \_\_\_ No \_\_\_ Yes. List Medications \_\_\_\_\_  
\_\_\_\_\_

3. List any medication(s) the applicant has taken regularly at any point over the last three years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List any allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has the applicant ever been hospitalized? \_\_\_ No \_\_\_ Yes. Details and Dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Has the applicant ever received psychological counseling? \_\_\_ No \_\_\_ Yes. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does the applicant have any history of drug and/or alcohol abuse? \_\_\_ No \_\_\_ Yes. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Application for Admission -Mesivta (page 6 of 6)**

**Applicant's Name** \_\_\_\_\_

**Principal's Report on Applicant:**

We value the insight Principals have into their students. Please fill out this form, and then mail it to Mesivta of Waterbury. Please include any information you feel is necessary for us to know about the prospective student, and attach a copy of the applicant's transcript and any standardized test results available. All information will be treated as confidential, and is only available to the Administrative offices. Should you wish to discuss the applicant in more detail, please call 203-756-1800. Thank You.

**Limudei Kodesh**

1. Please rate each category from 1-5; 5 being excellent, 1 being unacceptable, please include personal comments

A. Minyan Attendance \_\_\_\_\_

B. Effort and Diligence \_\_\_\_\_

C. Personality and Character \_\_\_\_\_

D. General Behavior \_\_\_\_\_

E. Indicate *bachur's* level of learning \_\_\_\_\_

2. Class Rank- Please circle appropriate %.    Top 10%    Top 30%    Top 50%    Below 50%

3. Please describe any personal, social or religious problem(s) which may require attention \_\_\_\_\_

4. Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Secular Studies**

1. Please rate each category from 1-5; 5 being excellent, 1 being unacceptable, please include personal comments

A. Effort and Diligence \_\_\_\_\_

B. Personality and Character \_\_\_\_\_

C. General Behavior \_\_\_\_\_

2. Class Rank- Please circle appropriate %.    Top 10%    Top 30%    Top 50%    Below 50%

3. Please describe any personal, social or religious problem(s) which may require attention \_\_\_\_\_

4. Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_