Date of Application _____



Application for Admission

Name of Student _____ Last First Middle Full Hebrew Name Kohen Levi Yisroel Name most commonly referred to at home/school _____ Applicant to enter Shiur_____ to begin enrollment in _____ Month Year Personal Data Date of birth Hebrew Date of birth Current age_____ Country of citizenship____ Family Data Father's Name ______ Father's Hebrew Name_____ Home address Business name ______Occupation _____E-mail Mother's Name _____ Mother's Hebrew Name_____ Home address Business name ______Occupation _____E-mail _____

Parents' Marital Status: Married Separated Divorced Widowed Re-married

Applicant lives with: Biological Father Biological Mother Other: _____

Home # Cell #

Please list the school(s) the applicant has attended for the past two years:

School Name	Grade(s)	Dates of attendance	Reason for withdrawal
ddress:			
	_		
rincipal name and phone n	umber:		
eacher/ Melamed name and	d phone number:		
omments:			
School Name	Grade(s)	Dates of attendance	Reason for withdrawal
ddress:	1		
rincipal name and phone n	umhari		
i incipai name and phone n	umber.		
eacher/ Melamed name and	d phone number:		
Comments:			
lease list the summer progr	ams applicant has atten	ded in the last two years:	
Tame of Camp	Year	Counselor	Phone number
Tame of Camp	Year	Counselor	Phone number
lease list the summer progr	eam annlicant nlanc on a	attending this uncoming su	mmor•
ease list the summer progr	am applicant plans on a	attending this apcoming sur	immer.

Please list your family Rov/Mashpia and two references that we may contact regarding the applicant:

Nan	ne (with appropriate title)	Relationship to applicant	Phone number
Rov			
Reference			
Reference			
las your chile	d expressed interest in studying L	imudei Chol/Secular Studies?	
Vhat languag	es are spoken at home?		
Has your child	d ever seen a therapist or counsele	or and what was the nature of the v	isits?
Has your chile	d ever received a Psychological o	r Academic Evaluation?	
	ld struggle with any condition wl i.e. Learning disability, ADD, O	nich might impair his ability to lear CD, anxiety etc.	n or may require special
Please share a	ny information/details to help us	better understand and respond to yo	our child's needs:
Does your chi	ld take any medication?		
	d ever received a school suspension of the contract of the con		
Additional Co	omments:		
Please list Tal	mid's special talents and/or intere	ests	

Fax completed application to 954.208.0788 or scan and E-mail to Registration@MesivtaCS.com

The \$150 Registration Fee can be paid online at www.Mesivtacs.com/Fees or by mailing a check to our administrative office: Mesivta of Coral Springs 1500 N. State Road 7 Margate, Florida 33063