



Application for Admission

Date of Application _____

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 _____

Country of citizenship _____

Family Data

Father's Name _____ Father's Hebrew Name _____

Home address

Business name _____ Occupation _____ E-mail _____

Home # _____ Work # _____ Cell # _____

Mother's Name _____ Mother's Hebrew Name _____

Home address

Business name _____ Occupation _____ E-mail _____

Home # _____ Work # _____ Cell # _____

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

Applicant lives with: Biological Father Biological Mother Other: _____

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

School Name	Grade(s)	Dates of attendance	Reason for withdrawal
Address:			
Principal name and phone number:			
Teacher/ Melamed name and phone number:			
Comments:			

School Name	Grade(s)	Dates of attendance	Reason for withdrawal
Address:			
Principal name and phone number:			
Teacher/ Melamed name and phone number:			
Comments:			

Please list the summer programs applicant has attended in the last two years:

Name of Camp	Year	Counselor	Phone number
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Name of Camp	Year	Counselor	Phone number
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Please list the summer program applicant plans on attending this upcoming summer:

Please list at least two references that we may contact regarding the applicant:

Name (with appropriate title)	Relationship to applicant	Phone number

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What languages are spoken at home? \_\_\_\_\_

Has your child ever seen a therapist or counselor and what was the nature of the visits?

\_\_\_\_\_  
Please share any information/details to help us better understand and respond to your child's needs:

\_\_\_\_\_  
Does your child struggle with any condition which might impair his ability to learn or may require special consideration, i.e. Learning disability, ADD, OCD, anxiety etc.

\_\_\_\_\_  
Does your child take any medication?

\_\_\_\_\_  
Has your child ever received severe disciplinary censure at school or from the community? Yes  No   
School Suspension? Yes  No  Asked to withdraw by school? Yes  No

Additional Comments:

\_\_\_\_\_  
Please list Talmid's special talents and/or interests

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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