

#### APPLICATION FOR ADMISSION

Instructions

Ma'ayanot Yeshiva High School for Girls 1650 Palisade Avenue, Teaneck, NJ 07666 201.833.4307 fax 201.833.0816 Mrs. Rivka Kahan, Principal Mrs. Nina Bieler, Director of Admissions admissions@maayanot.org

Dear Applicant Family,

Thank you for your interest in Ma'ayanot Yeshiva High School!

I am Nina Bieler, the Director of Admissions, and it is my pleasure to assist you in the process of applying to high school. As you fill out the Ma'ayanot application (you can fill it out online, then print it and submit it to us, or fill it out by hand), please take note of the following application procedures:

- 1. All applications must be submitted to Ma'ayanot by December 10, 2014.
- 2. Please include two recent photographs with your application.
- 3. All applicants are required to take the Board of Jewish Education High School Entrance Examination.
- 4. Please give the Student Evaluation form to your principal, and request that the principal fill out the form and send it directly to us at Ma'ayanot.
- 5. A \$150 non-refundable application fee, made payable to Ma'ayanot, must accompany this application.
- 6. Once we receive your application, we will call you to schedule an interview.
- 7. Ma'ayanot will contact applicants in February regarding admissions decisions.

If you have any questions at any point in the admissions process, feel free to be in touch.

I can be reached at 201-833-4307 x 255, or at bielern@maayanot.org.

B'Vracha,

Nina Bieler Director of Admissions

Office Use Only:	
Date Received:	_ Fee
Interview:	Comments:



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lication Deadline for 9th Gr		nt photos and non-ref	undable \$150 ap <sub>l</sub>	plication fee.	·
ication Deadline for 9th Gr	ade applicants is Dec	ernoer 10, 2014.			
JDENT INFORMATIO	N				
AME: LAST	FIRST (	(LEGAL)	MIDDLE		HEBREW
CALLED BY		DOB:		ADMISSION TO C	GRADE:
ldress:		Stu	dent Cell Phone:		
zy/State/Zip:		Stu	dent Email:		
ome Phone:					
JCATION  e list current school first, followed in	by any previous schools				
School	Years or Grade	es Attended	School Ad	ldress	School Phone
as the applicant ever					
ns the applicant ever Had an educational eval	uation?	Yes ( No Dat	te of Most Recent	: Evaluation:	
			te of Most Recent o, in what areas?	: Evaluation:	
Had an educational eval	0	Yes O No If so		Evaluation:	
Received resource help?	earning disability?	Yes No If so	o, in what areas?		P.
Had an educational evalues Received resource help? Been diagnosed with a lead of the control of	earning disability?	Yes No If so	o, in what areas?		P.
Had an educational evalues Received resource help?  Been diagnosed with a lead of the second	earning disability?	Yes No If so	o, in what areas?		P.
Had an educational evalues Received resource help?  Been diagnosed with a le	earning disability?	Yes No If so	o, in what areas?		P.
Had an educational evalue Received resource help?  Been diagnosed with a lease indicate the Math courters.  TRA-CURRICULAR  TRA-CURRICULAR	earning disability?	Yes No If so	o, in what areas?		P.
Had an educational evalues Received resource help? Been diagnosed with a lead of the second s	earning disability?  The above questions, parse you are currently  sts, hobbies, activities:	Yes No If so	o, in what areas?		P.

# **APPLICATION FOR ADMISSION**

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#### MA'AYANOT כועינות

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#### **FAMILY INFORMATION**

Cell Phone:  Email:  Coccupation:  Gusiness Name:  Business Phone:  Business Phone:  Cell Phone:  Email:  Occupation:  Business Name:  Business Phone:		ON	IVI	OTHER'S INFORM	ATION			
Email:   Coccupation:   Business Name:   Business Name:   Business Phone:   Education:   Education:   Grade   Ma'ayanot Student or Alumna?   Business Phone:   Education:   Complete only if one parent has a different address than listed above:   Parent w Secondary Address:     Address/City/Zip:   Home Phone:   Home Phone:   Business Phone:   Education:   Complete only if one parent has a different address than listed above:   Parent w Secondary Address:   Address/City/Zip:   Home Phone:   Business Phone:   Home Phon	Title & Name:	Tit	Cell Phone:					
Occupation:  Business Name:  Business Phone:  Business Ph	Cell Phone:	Ce						
Business Name: Business Phone: Gucation:  Primary Custodian:  Complete only if one parent has a different address than listed above:  Parent w Secondary Address:  Address/City/Zip: Home Phone:  Preferred way to contact you to schedule an interview:  BLINGS  Name  Current School / Occupation  Grade  Ma'ayanot Student or Alumna?  ENERAL INFORMATION  Synagogue Affiliation:  Language(s) Spoken at Home:  Special Circumstances (check any that apply):  Past / Current restrictive conditions or illness:  Family Illness  Conversion  Adoption  Other  Date:  Special Circumstances (check any that apply):  Past / Current restrictive conditions or illness:  Date:  Date:  Date:	Email:	En						
Business Phone: Education:    Business Phone:   Education:   Education	Occupation:		Oc	Occupation:				
Education:  Education:  Education:  Education:  Complete only if one parent has a different address than listed above:  Parent w Secondary Address:  Address/City/Zip: Home Phone:  Preferred way to contact you to schedule an interview:  BLINGS  Name  Current School / Occupation  Grade  Ma'ayanot Student or Alumna?  ENERAL INFORMATION  Synagogue Affiliation:  Language(s) Spoken at Home:  Special Circumstances (check any that apply):  Past / Current restrictive conditions or illness:  Family Illness  Conversion  Adoption  Date:  Date:	Business Name:		Business Name:					
Primary Custodian:    Both Parents   Mother   Father   Parent w Secondary Address:	Business Phone:		Business Pho					
Both Parents  Mother  Father  Parent w Secondary Address:  Address/City/Zip:  Home Phone:  Divorced  Separated  Deceased Parent  Perferred way to contact you to schedule an interview:  BLINGS  Name	Education:		Education:					
Both Parents  Mother  Father  Parent w Secondary Address:  Address/City/Zip:  Home Phone:  Divorced  Separated  Deceased Parent  Perferred way to contact you to schedule an interview:  BLINGS  Name	Primary Custodian:			1	. 1			
Address/City/Zip:   Divorced   Separated   Deceased Parent						erent address tha	n listed abov	<i>'e</i> :
Applicant Signature:    Divorced   Separated   Deceased Parent   Home Phone:	O Both Furches							
Divorced Separated Deceased Parent  Preferred way to contact you to schedule an interview:  BLINGS  Name Current School / Occupation Grade Ma'ayanot Student or Alumna?  ENERAL INFORMATION  Synagogue Affiliation: Name of Rabbi:  Language(s) Spoken at Home: Special Circumstances (check any that apply):  Past / Current restrictive conditions or illness:  Family Illness Conversion Adoption Other  Applicant Signature: Date:	amily Circumstances:							
BLINGS  Name  Current School / Occupation  Grade  Ma'ayanot Student or Alumna?  ENERAL INFORMATION  Synagogue Affiliation:  Language(s) Spoken at Home:  Special Circumstances (check any that apply):  Past / Current restrictive conditions or illness:  Family Illness  Conversion  Adoption  Other  Supplicant Signature:  Date:  Stather Signature:  Date:	O Divorced O S	Separated O Deceased	l Parent	ine i none.				
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Special Circumstances (check any that apply):  Past / Current restrictive conditions or illness:  Family Illness Conversion Adoption Other  Applicant Signature:  Date:		ATION		Name of Rabbi	:			
Past / Current restrictive conditions or illness:  Family Illness Conversion Adoption Other  Applicant Signature:  Father Signature:  Date:	Synagogue Affiliation:			Name of Rabbi	:			
Family Illness Conversion Adoption Other  Applicant Signature:  Father Signature:  Date:	Synagogue Affiliation:			Name of Rabbi	:			
Applicant Signature:  Date:  Date:	Synagogue Affiliation: .anguage(s) Spoken at	Home:		Name of Rabbi	:			
Applicant Signature:  Date:  Date:	Synagogue Affiliation: .anguage(s) Spoken at Special Circumstances (	Home: (check any that apply):		Name of Rabbi	:			
Father Signature: Date:	Synagogue Affiliation: Language(s) Spoken at Special Circumstances ( Past / Current restrict	Home: (check any that apply): tive conditions or illness:	Adoption					
Father Signature: Date:	Synagogue Affiliation: Language(s) Spoken at Special Circumstances ( Past / Current restrict	Home: (check any that apply): tive conditions or illness:	Adoption					
	Synagogue Affiliation:  Language(s) Spoken at  Special Circumstances (  Past / Current restrict  Family Illness	Home: (check any that apply): tive conditions or illness:	Adoption				Date	
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	Synagogue Affiliation:  Language(s) Spoken at  Special Circumstances ( Past / Current restrict  Family Illness  Applicant Signature:	Home: (check any that apply): tive conditions or illness:	Adoption					

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MA'AYANOT

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Essay	Questi	on #	1
Suaaest	ed lenath	. 2 par	aaranh

Question #	2				
ed length, 1-2 se	entences				
Describe a go	oal you would like to	o accomplish in yo	our four years of h	nigh school.	

Send completed application with 2 current photos and \$150 Application Fee to:

Ma'ayanot Yeshiva High School for Girls Attention: Admissions 1650 Palisade Avenue Teaneck, New Jersey 07666

## **APPLICANT EVALUATION**

To Be Completed by Principal of Elementary School

TO THE PRINCIPAL: Principals are requested to complete the sections on this form with their candid assessments of the student's academic performance, intellectual potential and personal qualities. *Please attach transcripts of the seventh and eighth grade to date* and send the completed form (with transcripts) directly to Ma'ayanot Yeshiva High School for Girls. All information and recommendations will be kept strictly confidential. Thank you for your cooperation.



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STUDENT'S NAME: LAST		FIRST		CURRENT	r GRADE
SCHOOL NAME		ADDRESS			PHONE
STANDARIZED TEST RESULTS					
READING PERCENTILE GRADE		MATH PERCENTI	LE GRADE		AS OF (DATE)
IQ SCORE		NAME OF TEST			AS OF (DATE)
PERSONAL EVALUATION:	Excellent	Above Average	Average	Below Average	Comments
Honesty					
Maturity					
Behavior					
Leadership					
Independence					
Peer Relationships					
Relationships with Teachers					
Religious Sensitivity					
Attendance					
Personal Growth Potential					
ACADEMIC EVALUATION:	Excellent	Above Average	Average	Below Average	Comments
Ability					
Achievement- Hebrew Studies					
Achievement - English Studies					
Work Habits					
Hebrew Language Facility					
Attitude Toward Learning					
Please advise us of any special  Additional Comments:	circumstances	that may have infl	uenced the stu	udent's performan	ace this past year.
Principal's Signature:					Date: