



# FOXMAN TORAH INSTITUTE

## Stein Bais Medrash

*L' Zaicher Nishmas R'Avraham Zev ben R'Moshe HaKohen*

31 Maple Avenue

Cherry Hill, NJ 08002

856.482.8230; Fax 856.482.8235

E-mail: Office@FTIYeshiva.org

www.FTIYeshiva.org

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# APPLICATION FOR ADMISSION

2016-2017 / 5776-5777

Student's Name:		
Student's Hebrew Name:		
Social Security Number:	Date of Birth:	Place of Birth:
Home Address:		
City:	State:	Zip:
Home Telephone: (    )	Work: (    )	Cell: (    )

(Expected) High School Graduation Date: \_\_\_\_\_

### DIRECTIONS FOR COMPLETING APPLICATION

- 1) Complete all items clearly. (Use a separate paper if necessary.)
- 2) Completed forms should be either mailed, faxed, or emailed to:

Foxman Torah Institute, 31 Maple Avenue, Cherry Hill, NJ 08002;  
Fax 856.482.8235; E-mail: Office@FTIYeshiva.org

#### The admission process includes:

- A) Completed Application
- B) Student Interview
- C) Completed Enrollment Packet

**SECTION ONE**

1. Father's Name: <input type="checkbox"/> Rabbi <input type="checkbox"/> Dr. <input type="checkbox"/> Mr.		2. Place of Birth:	
3. Occupation:		4. Business Name:	
5. Home Phone: (    )		6. Business Phone: (    )	
7. Cell Phone: (    )		8. Email Address:	
9. Business Address	Address:		
	City:	State:	Zip:
10. Home Address	Address:		
	City:	State:	Zip:

11. Mother's Name: <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs.		12. Place of Birth:	
13. Occupation:		14. Business Name:	
15. Home Phone: (    )		16. Business Phone: (    )	
17. Cell Phone: (    )		18. Email Address:	
19. Business Address	Address:		
	City:	State:	Zip:
20. Home Address (if different than above)	Address:		
	City:	State:	Zip:

21. Paternal Grandparents:	
22. Address:	
23. Home Phone: (    )	24. Email Address:

25. Maternal Grandparents:	
26. Address:	
27. Home Phone: (    )	28. Email Address:

29. Sibling Information:

Name(s)	Age	Grade	School

**SECTION TWO**

30. Please list chronologically the Yeshivos you have attended:

Name of Yeshiva	Address	Years Attended

31. Please provide information for the following References:

	Name	Home Phone	Cell Phone
A. Principal			
B. Current Rebbe			
C. Shul Rav			

**SECTION THREE**

32. How would you rate your ability to “make a <i>leining</i> ?” Please elaborate.
33. What would you like to accomplish during your Bais Medrash years?
34. How have you spent the last two summers? State specifically which camps you attended. What do you plan on doing this summer?
35. List any allergies or food sensitivities.
36. List any special medical needs you may have (physical, social, emotional).  Do you take any medications? If Yes, please list all.

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of parent:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Office Use Only**

Interview Date:  
Interview Notes: