

TTB



YESHIVA TIFERES TORAH OF BOCA RATON

ישיבה תפארת תורה דבאוקא רעטאן

APPLICATION

Date: ____/____/____

STUDENT INFORMATION

Student's name (last, first): _____ Date of birth: ____/____/____

Home address: _____

Home phone: _____

FAMILY INFORMATION

FATHER: Mr. / Dr. / Rabbi _____

Email address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Occupation: _____ Employer: _____

Address if different: _____

MOTHER: Mrs. / Ms. / Dr. _____

Email Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Occupation: _____ Employer: _____

Address if different: _____

SIBLING'S INFORMATION

Please list your children's names:

CHILD'S NAME

AGE

NAME OF SCHOOL CURRENTLY ATTENDING

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUMMER INFORMATION

How has the applicant spent the last 2 summers? _____

APPLICANT'S INFORMATION

CURRENT SCHOOL: _____ Dates attended: _____

Principal: _____ Preferred contact #: _____

Email: _____

Teacher: _____ Preferred contact #: _____

Email: _____

PREVIOUS SCHOOL: _____ Dates attended: _____

Contact: _____ Phone #: _____

PREVIOUS SCHOOL: _____ Dates attended: _____

Contact: _____ Phone #: _____

PREVIOUS SCHOOL: _____ Dates attended: _____

Contact: _____ Phone #: _____

ADDITIONAL INFORMATION

Has the applicant received any services (either privately or in school) within the past two years? ☐ Yes ☐ No

If yes, please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Speech therapy | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Psychological services | <input type="checkbox"/> Special education intervention | <input type="checkbox"/> Educational or psychological evaluation |

Is your child taking any medication on a regular basis? ☐ Yes ☐ No

If yes, please list what medication was taken, for what purpose and frequency of use: _____

Please list any allergies or relevant medical conditions: _____

How did you hear about our school? _____

Additional comments / information that can help us best meet the needs of your child (will be kept confidential):

PARENT'S SIGNATURE

By signing below, I indicate my authorization to have the school review my child's records from the current or previous school to help determine acceptance and placement.

_____/_____/_____
Parent signature Date



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TRANSCRIPT REQUEST FORM

I request that the school record of _____ be forwarded to:

Yeshiva Tiferes Torah of Boca Raton, Office of Admissions

7200 Palmetto Circle North Boca Raton FL 33433

Phone: 561-750-7151

Email: info@ttboca.org

for the purpose of admission review and academic placement.

Please include the following information:

- ☐ Transcript/academic/interim report records for Limudei Kodesh and General Studies from the last two school years.
- ☐ Results of standardized achievement and/or aptitude tests.
- ☐ If applicable, copies of special personal evaluations or psychological reports.
- ☐ Copy of medical and immunization health records.

By signing below, I indicate my authorization to have the principal review my child's records from the current or previous principal and faculty to help determine acceptance and placement.

Signature

Print name

Relationship to applicant

____/____/____
Date

Name of School: _____ Fax Number: _____

Email: _____

What I Hope to Accomplish in High School...

LIMUDEI KODESH REFERENCE FORM, page 1

To be completed by the student's current Menahel or Rebbe.

Teacher's name: _____ Date: ____/____/____

Dear Menahel/Rebbe: The following student has applied for admission to Yeshiva Tiferes Torah of Boca Raton. Your candid appraisal will aid us greatly in evaluating his suitability for our program. Your evaluation and comments will be held in the strictest confidence. Thank you for your cooperation.

Name of candidate: _____ Current grade: _____

BEING AS CANDID AS POSSIBLE, PLEASE RATE THE FOLLOWING ITEMS, ON A SCALE OF 1-5

1 = No Basis for Judgement 2 = Below Average 3= Average 4 = Good 5= Excellent (top 10%)

CHARACTER EVALUATION

INTEGRITY	1	2	3	4	5
MIDOS	1	2	3	4	5
REACTION TO CRITICISM	1	2	3	4	5
LEADERSHIP	1	2	3	4	5
WARMTH	1	2	3	4	5
SENSE OF HUMOR	1	2	3	4	5
PERSONAL APPEARANCE	1	2	3	4	5

ACADEMIC EVALUATION

MOTIVATION	1	2	3	4	5
STUDY HABITS	1	2	3	4	5
ATTENTION SPAN	1	2	3	4	5
ABILITY	1	2	3	4	5
HASMADAH	1	2	3	4	5

ADDITIONAL INFORMATION

What are the candidate's strengths? (specific areas)

As a student: _____

As a person: _____

What are the candidate's weaknesses? (specific areas)

As a student: _____

As a person: _____

Name of candidate: _____ Current grade: _____

LIMUDEI KODESH REFERENCE FORM, page 2

What are the first words that come to your mind to describe this candidate's religious commitment?

Please assess the candidate's reading comprehension and writing skills. (below average, average, good, excellent):

Please assess the candidate's analytical skills (below average, average, good, excellent):

SUMMARY STATEMENT

Please write a summary statement assessing as clearly as possible the candidate's quality and promise as a participant in a rigorous academic program and religious environment. Refer to strong and weak points, character, relative maturity, values, and special interests or talents. If the candidate's record is not a true index of ability, please explain factors which have interfered with his academic achievement. Please attach a separate sheet if necessary.

I recommend this candidate in terms of both academic ability and character:

(Circle one) Enthusiastically Strongly Fairly Strongly Without Enthusiasm Not Recommended

Signed: _____ Title: _____

Phone: _____

PLEASE DO NOT SHARE THIS WITH THE STUDENT OR PARENT.

PLEASE RETURN DIRECTLY TO:

Yeshiva Tiferes Torah of Boca Raton Office of Admissions

7200 Palmetto Circle North Boca Raton FL 33433

Phone: 561-750-7151 E-mail: info@ttboca.org

GENERAL STUDIES REFERENCE FORM, page 1

TO BE COMPLETED BY THE STUDENT'S CURRENT GENERAL STUDIES TEACHER OR PRINCIPAL

Teacher's name: _____ Date: ____/____/____

Dear Educator: The following student has applied for admission to Yeshiva Tiferes Torah of Boca Raton. Your candid appraisal will aid us greatly in evaluating his suitability for our program. Your evaluation and comments will be held in the strictest confidence. Thank you for your cooperation.

Name of candidate: _____ Current grade: _____

BEING AS CANDID AS POSSIBLE, PLEASE RATE THE FOLLOWING ITEMS, ON A SCALE OF 1-5

1 = No Basis for Judgement 2 = Below Average 3= Average 4 = Good 5= Excellent (top 10%)

CHARACTER EVALUATION

INTEGRITY	1	2	3	4	5
MIDOS / CHARACTER	1	2	3	4	5
REACTION TO CRITICISM	1	2	3	4	5
LEADERSHIP	1	2	3	4	5
WARMTH	1	2	3	4	5
SENSE OF HUMOR	1	2	3	4	5
PERSONAL APPEARANCE	1	2	3	4	5

ACADEMIC EVALUATION

MOTIVATION	1	2	3	4	5
STUDY HABITS	1	2	3	4	5
ATTENTION SPAN	1	2	3	4	5
ABILITY	1	2	3	4	5
HASMADAH / DILIGENCE	1	2	3	4	5

ADDITIONAL INFORMATION

What are the candidate's strengths? (specific areas)

As a student: _____

As a person: _____

What are the candidate's weaknesses? (specific areas)

As a student: _____

As a person: _____

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GENERAL STUDIES REFERENCE FORM, page 2

SUMMARY STATEMENT

Please write a summary statement assessing as clearly as possible the candidate's quality and promise as a participant in a rigorous academic program. Refer to strong and weak points, character, relative maturity, values, and special interests or talents. If the candidate's record is not a true index of ability, please explain factors which have interfered with his academic achievement. Please attach a separate sheet if necessary.

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