

APPLICANT FIRST NAME: _____

LAST NAME: _____



TORAH ACADEMY
of **GREATER PHILADELPHIA**

APPLICATION FOR ADMISSION

www.taphila.org

MISSION STATEMENT

The Torah Academy of Greater Philadelphia educates boys and girls from nursery through eighth grade, with a curriculum rooted in Torah and general studies characterized by academic excellence and providing skill proficiency in all areas; Torah Academy provides a dynamic Jewish education that fosters intellectual as well as spiritual understanding and love of Torah through a commitment to its mitzvot and values. An emphasis on middot tovot infuses all aspects of school life.

Torah Academy will make every reasonable effort to provide tuition assistance to those families who demonstrate financial hardship.

By creating a climate of active intellectual inquiry in both Judaic and general studies, Torah Academy:

- Encourages exploration and understanding of the world.
- Emphasizes the responsibility of each Jew toward G-d and all people.
- Instills in its students Ahavat Yisrael - love of Israel and the Jewish people - as embracing the Land and State of Israel, and fellow Jews.
- Inculcates in its students the ideals of the American democratic heritage of freedom, justice and human dignity.
- Views each child as an individual and provides a stimulating education for students with different levels of academic ability and learning styles.
- Partners with parents to nurture each student to develop as an entire person.
- Enables and encourages students, through critical thinking, skill proficiency and substantive knowledge, to discover and excel in fields in which they can lead meaningful lives.
- Prepares its students with the skills to pursue their Judaic and general studies at the next level of learning and throughout life.

In sum, Torah Academy provides the foundation for its students to mature as Torah-observant Jews and role models who are contributing members in Jewish and general society.

INSTRUCTIONS AND PERTINENT INFORMATION

Notice:

This application is a request for admission. It becomes binding upon the parents and the school **only** when the applicant has been formally interviewed and accepted and a contract has been signed.

- Please fill out the application completely. Please print clearly.
- AN APPLICATION FEE of \$50 PER CHILD must accompany this application. This fee is non-refundable.

All applications and correspondence should be mailed to:

Admissions

742 Argyle Road

Wynnewood, PA 19096

Phone: 610-642-7870 or Fax: 610-642-2265

admissions@taphila.org

ADMISSIONS POLICY

Torah Academy welcomes applications for admission for new and transfer students at all grade levels. We welcome all Jewish children whose families desire an excellent Torah and General Studies education.

Applications for admission to Torah Academy are obtained from the educational office or our web site. The following steps are then followed:

- An 'Application for Admission Form' - accompanied by a non-refundable \$50 fee (per child) - is submitted.
- Parents sign a "records release form" so that we may request school records to be directly sent from all prior schools for children entering grade 1 or above.
- Parents are connected with the Head of School and any other relevant member of the administration.
- Students applying for grade 2 and above will also spend the day visiting Torah Academy and they will be met by faculty and administrators. Additional screening may be conducted during the visit.

Torah Academy reserves the right to ask for additional testing or evaluation prior to granting admission.

Based upon the school's assessment of its ability to serve the student well, a child's application for admission may be accepted, receive provisional acceptance or be denied. Applicant families will be notified in writing. All financial arrangements must be made with the T.A. Business Office in order to enroll and attend school.



Special notes for Early Childhood Classes:

The cut-off dates for **Early Childhood** classes are:

- Pre-Nursery (3Y) - Three years old by August 31 of the school year
- Nursery (4Y) - Four years old by August 31 of the school year
- Kindergarten (5Y) - Five years old by August 31 of the school year

In some cases, the Head of School and Early Childhood Director may provisionally accept a child born in September. Parents should be in touch with the administration to discuss individual situations pertaining to their child.

Children must be completely toilet trained to attend Torah Academy.



(1) APPLICANT - ALL APPLICANTS

(Please print)

Applicant's name _____
Last First Middle What does your child like
to be called at school

Full Hebrew name _____

Applying for admission to: Pre-Nursery (3Y) Half Day Full Day
 Nursery (4Y) Half Day Full Day
 Kindergarten
grade for the 20____ school year.

Age____ Date of birth ____/____/____ Hebrew date of birth____ Place of birth_____

Male Female

Current school_____ Current grade_____

School address _____ School phone ____/____-_____

Are you applying for financial aid? Yes No

FAMILY INFORMATION

(2) PARENT(S)

Father

Dr. Mr. Rabbi Prof.

Last First Middle

Home address_____

City_____ State____ Zip_____

Home phone ____/____-_____

E-mail _____

Occupation/Position_____

Name of employer _____

Business address_____

City_____ State____ Zip_____

Business phone ____/____-_____ Ext._____

Cellular phone ____/____-_____

Mother

Dr. Mrs. Ms. Prof.

Last First Middle

Home address_____

City_____ State____ Zip_____

Home phone ____/____-_____

E-mail _____

Occupation/Position_____

Name of employer _____

Business address_____

City_____ State____ Zip_____

Business phone ____/____-_____ Ext._____

Cellular phone ____/____-_____

(3) SIBLING(S) - ALL

- Name _____ Date of Birth _____
Current school _____ Current grade _____
- Name _____ Date of Birth _____
Current school _____ Current grade _____
- Name _____ Date of Birth _____
Current school _____ Current grade _____
- Name _____ Date of Birth _____
Current school _____ Current grade _____

(4) PREVIOUS SCHOOL INFORMATION

Please list the school(s) that your child has attended in the past.

Name of School	From Date	To Date
1.		
2.		
3.		
4.		
5.		

(5) GRANDPARENTS

Full Name(s) and title(s) of paternal grandparent(s) _____

Address _____

City _____ State _____ Zip _____

Phone ____/____-____ Grandfather deceased Grandmother deceased

Full Name(s) and title(s) of maternal grandparent(s) _____

Address _____

City _____ State _____ Zip _____

Phone ____/____-____ Grandfather deceased Grandmother deceased

(6) MISCELLANEOUS INFORMATION

- (a) Applicant's parents are currently married: Yes - go to question (e) No - go to question (b)
- (b) Applicant's parent(s) are: Separated Divorced Father deceased Mother deceased
- (c) If parent(s) are/is divorced or deceased: Father remarried Mother remarried
- (d) Name of step-parent(s): _____
- (e) Name(s) and address(es) to which school information (e.g. flyers, report cards) should be sent:

(1) Name _____
Street address _____
City _____ State _____ Zip _____

(2) Name _____
Street address _____
City _____ State _____ Zip _____

- (f) Name and address to which school billing information should be sent: (check if same as above)

Name _____
Street address _____
City _____ State _____ Zip _____

- (g) Applicant lives with: Both parents - go to question (i)
 Mother - go to question (i)
 Father - go to question (i)
 Other legal guardian - go to question (h)

- (h) If living with a legal guardian:

Legal guardian(s) name(s) _____ Relationship to applicant _____
Street address _____
City _____ State _____ Zip _____

- (i) How did you learn about Torah Academy of Greater Philadelphia? Why would you like your child to attend? _____

- (j) Is there any other family info you would like to share with us? _____

(8) APPLICANT PERSONAL INFORMATION

(Please print)

Applicant's name _____
Last First Middle

(a) What are your child's strengths and interests? _____

(b) Are there any physical or emotional challenges of which the school should be aware? If so, please describe. _____

(c) Does your child receive or require any personal and/or academic support at home or at school (tutoring, counseling, medical, etc.)? If so, please explain. _____

(d) Has your child been tested or evaluated for any special academic, behavioral, or emotional concerns. Please describe and include a copy of the evaluation.

(e) What else would you like us to know about your child? If the space below is not adequate, please attach an additional page. _____

(f) Has the applicant ever applied to or attended Torah Academy in the past? If yes, when?

(g) Are there any questions about our school that you would like us to address when you visit?

(h) Do you have any alumni relatives?

Name _____ Relationship _____ Years Attended _____

Name _____ Relationship _____ Years Attended _____

Name _____ Relationship _____ Years Attended _____

Name _____ Relationship _____ Years Attended _____

(9) EARLY CHILDHOOD PROFILE

**TO BE FILLED OUT ONLY IF THE APPLICANT IS ENTERING
THE EARLY CHILDHOOD PROGRAM.**

(Please print)

Applicant's name _____
Last First Middle Name at School

(Check one)

Applying for admission to: Pre-Nursery (3Y) Half Day Full Day
 Nursery (4Y) Half Day Full Day
 Kindergarten
for the 20____ school year.

To the Parent:

We know that you know your child best, and we would welcome your insight.

Please describe your child in each of the following areas:

(1) Developing self image: _____

(2) Social relationships with peers and adults: _____

(3) Special needs: _____

(4) Special interests: _____

(5) Is there any other area of concern that you would like to share with us? _____

6) Has your child received services from any Intervention Unit? If so, what services?

To be filled out by the CHILD only if entering grades 4-8.

(Please print)

Applicant's name _____
Last First Middle Name at school Hebrew name

Current school _____

(1) List any school activities in which you have participated in the last two years and indicate the level of your involvement (e.g. Student Council, Treasurer, etc.)

Activity _____

Activity _____

Activity _____

(2) Which of your school activities is the most important to you? Why?

(3) What are your two favorite academic subjects in school? Why?

(4) List any out-of-school activities in which you have participated in the last two years and indicate the level of your involvement (e.g. piano lessons, Mishna Club, baseball).

Activity _____

Activity _____

Activity _____

(5) Which of your out-of-school activities is most important to you? Why?

INSTRUCTIONS:

Step 1: Tear this page out. This page will need to be sent to the school your child is CURRENTLY attending.

Step 2: Please complete the Release of Records Authorization section below and sign.

Step 3: Give this form to the principal of the school your child is CURRENTLY attending.

To be filled out by the parents of the applicant:

(Please print)

Applicant name _____
Last First Middle

Current school _____ Current grade _____

Applying for admission to grade _____ for the 20____ school year.

I give permission for you to release my child's school records to Torah Academy of Greater Philadelphia. I understand that the records will include academic reports and grades, standardized test results, and other pertinent school information which is a part of my child's school file.

Signed _____ Relationship to child _____

To the school principal (or his/her designate):

Please complete the "Prior School Information form" and include the following information when sending to Torah Academy School:

- Transcripts, including grades to date in current subjects
- Copies of report cards (including teacher comments)
- All standardized test scores
- All educational testing records

PRIOR SCHOOL INFORMATION - TO BE SENT TO THE SCHOOL YOUR CHILD IS CURRENTLY ATTENDING

Student name: _____

To the Principal or Counselor:

The student named above is applying to Torah Academy of Greater Philadelphia and requests that you complete this form. We are aware of how much time forms of this sort require, and we sincerely thank you for your help. Your statement will become part of our confidential admissions file to be used by those involved in our admissions decision process. At no time will the applicant or his/her parents have access to it.

(1) The student has attended your school for _____ years, beginning ____ / ____ / ____.

(2) Length of time acquainted with the student? _____

(3) Has the student received any special personal and/or academic support at your school (tutoring, counseling, medical, etc.)?

If so, please explain _____

(4) Has the student distinguished himself/herself in any way (academically, athletically, etc.)? _____

(5) Are there any special circumstances of which we should be aware? _____

Name _____ Position _____

School _____

Address _____

City _____ State _____ Zip _____ Phone _____ / _____ - _____

Signature of school official _____ Date _____

Please send or fax the Release of Records form / Prior School Information pages and the required transcripts, report cards and standardized test scores as soon as possible.

(see below for pertinent information)

Thank you for your attention in this matter.

Please mail or fax to:

Torah Academy of Greater Philadelphia
742 Argyle Road • Wynnewood, PA 19096
Phone: 610-642-7870
Attn: Admissions
admissions@taphila.org

VISIT DAY

All applicants to Torah Academy of Greater Philadelphia should plan to spend a day visiting the school. To arrange this visit please contact:

Admissions
742 Argyle Road
Wynnewood, PA 19096
610-642-7870 x 255
admissions@taphila.org

ON YOUR VISIT DAY

Our school day begins at 8:30am with morning davening. We ask that you arrive at school five minutes before the day begins. A student host will be assigned to be with you during your visit. You will be visiting in your current grade level and in the grade above you, when appropriate, and will have the opportunity to meet with various teachers during the day. We look forward to having you as our guest at Torah Academy .

My child's visit day has been scheduled for:

Date _____

APPLICATION CHECKLIST

Please review and check the following to ensure that your application is complete :

- Release of Records / Prior School Information form has been signed and sent to the school your child is currently attending.
- Please make sure your portion of the application has been completed.
 - Sections 1-8 have been completed.
 - For applicants entering the Early Childhood Program, section 9 has been completed.
 - For applicants entering Grades 1-8, section 10 has been completed.
 - For applicants entering Grades 4-8, please make sure s/he has completed section 11.
- Please make sure you have included an application fee of \$50 per applicant.
- For applicants entering Grades 2-8, you have scheduled your child's visit day at Torah Academy, and the "Visit Day" sheet has been torn out for your convenience.
 - Grades 1&2 - 1/2 day visit
 - Grades 3 & up - full day visit
- If you have any questions or require assistance with your application, feel free to contact Tanya Libesman, Director of Admissions at 610-642-7870 x255 or at tlibesman@taphila.org

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