

# APPLICATION FOR ADMISSION

Applicant's First Name: \_\_\_\_\_

Applicant's Last Name: \_\_\_\_\_

Date of Application : \_\_\_\_\_



**TORAH ACADEMY**  
of **GREATER PHILADELPHIA**

This application is a request for admission. It becomes binding upon the parents and the school only when the applicant has been formally interviewed, accepted and a contract has been signed. Please fill out the application completely. Please print clearly. A non-refundable **APPLICATION FEE of \$50 PER CHILD** must accompany this application.

## 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.

## CONTACT INFORMATION

All applications and correspondence should be mailed to:

**TORAH ACADEMY OF GREATER PHILADELPHIA ADMISSIONS**

742 Argyle Road, Wynnewood, PA 19096

PHONE 610-642-7870

FAX 610-642-2265

E-MAIL [admissions@taphila.org](mailto:admissions@taphila.org)

## ADMISSIONS POLICY

Torah Academy (TA) 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 website. The following steps are then followed:

- An Application Packet, accompanied by a \$50 non-refundable fee, should be submitted to the Admissions office.
- Parents of students entering First grade and up, must sign the "Release of Records" Form, so that they or Torah Academy may request a child's/ren's school records from all prior schools, to be sent directly to TA.
- Parents will be connected with the Head of School and any other relevant administrators or faculty members.
- Students applying for 2nd grade and above will also be required to spend a day visiting Torah Academy and will meet with administrators and faculty. Additional, non-formal screenings may be conducted during the visit.
- Students applying for our Early Childhood Program (3Y, 4Y and Kindergarten) and 1st Grade, may be required to spend a short of time at Torah Academy and will meet with our ECP Director in an informal setting.

## APPLICATION PROCESS SUMMARY

1. Complete Application Packet. Submit to Admission office with \$50 fee.
2. Sign Release of Records and send to prior school.
3. Arrange a visiting day or time if required.
4. Receive a written letter of acceptance, provisional acceptance or denial from Torah Academy.
5. Register your child/ren by signing the Registration Contract and paying the registration fee. (The fee is not a deposit and is independent of the tuition fee.) Registration is necessary to secure a placement.
6. Once tuition is set for the year, the business office will send out all necessary paperwork.
  - Complete all required tuition and financial assistance information necessary for the business office to process your paperwork. The business office will contact you if any further information is needed.
  - For any financial arrangements that are needed, please be in touch with the business office.
7. Tuition Contracts will be sent to families as a final step. This contract must be signed before a student may attend school at the beginning of the school year.

## EARLY CHILDHOOD CLASSES

The cut-off dates for Early Childhood classes are:

- Pre-Nursery (3Y) - child must be three years old by August 31 of the school year
- Nursery (4Y) - child must be four years old by August 31 of the school year
- Kindergarten (5Y) - child must be 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 between September 1 and October 15 of that year. Parents should be in touch with the administration to discuss individual situations pertaining to their child. In such cases, one of two scenarios may occur:

1. A child born in this time frame will be placed in TA's younger 3Y class. The child will be required to progress to the older 3Y class the following year.
2. On the recommendation of Torah Academy faculty and administration and in partnership with the parents, a child may be advanced to the 4Y program with the clear understanding that an educational evaluation may be required, at the parents expense for entry into our Kindergarten program.

**Children must be completely toilet trained to attend Torah Academy.**

## 1 APPLICANT - ALL APPLICANTS

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Name 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.       Male       Female

\_\_\_\_\_  
Age                      Date of Birth                      Hebrew Date of Birth                      Place of Birth

\_\_\_\_\_  
Current Grade                      Current School

\_\_\_\_\_  
School Phone Number      School Address

Are you applying for financial aid?  Yes       No

## 2 PARENT INFORMATION

**FATHER**     Rabbi     Mr.     Dr.     Prof.

**MOTHER**     Mrs.     Ms.     Dr.     Prof.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Home Address                      Apt.

\_\_\_\_\_  
Home Address                      Apt.

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Home Phone                      Cell Phone

\_\_\_\_\_  
Home Phone                      Cell Phone

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Work Place

\_\_\_\_\_  
Work Place

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Work Phone                      Cell Phone

\_\_\_\_\_  
Work Phone                      Cell Phone

### 3 SIBLING(S) - ALL

1. Name	Date of Birth
Current School	Current Grade
2. Name	Date of Birth
Current School	Current Grade
3. Name	Date of Birth
Current School	Current Grade
4. Name	Date of Birth
Current School	Current Grade
5. 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	START DATE	END DATE
1.		
2.		
3.		
4.		
5.		

## 5 GRANDPARENTS

### PATERNAL

GRANDFATHER DECEASED     GRANDMOTHER DECEASED

Full Names \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail addresses \_\_\_\_\_

### MATERNAL

GRANDFATHER DECEASED     GRANDMOTHER DECEASED

Full Names \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail addresses \_\_\_\_\_

## 6 ADDITIONAL 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 parents are divorced or deceased:     Father remarried     Mother remarried

**D** Name of step-parent(s): \_\_\_\_\_

**E** Name(s) and address(es) to which school information (ex: flyers, report cards) should be sent:

1. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**F** Name and address to which school billing information should be sent:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- G** Applicant lives with:  Both parents (go to question **I**)  Mother (go to question **I**)  
 Other legal guardian (go to question **H**)  Father (go to question **I**)

**H** If living with legal guardian:

\_\_\_\_\_  
Name(s) of legal guardian(s) Relationship to applicant

\_\_\_\_\_  
Address City State Zip

**I** How did you learn about Torah Academy of Greater Philadelphia of Greater Philadelphia? Why would you like your child to attend?

\_\_\_\_\_  
\_\_\_\_\_

**J** Is there any other family information you would like to share with us?

\_\_\_\_\_  
\_\_\_\_\_

## 7 PERTINENT JEWISH INFORMATION

**A** Synagogue affiliation: \_\_\_\_\_

**B** Please include any information about any family member(s) having undergone conversion (self, spouse, parent, child, etc.).

\_\_\_\_\_  
\_\_\_\_\_

**C** Please list any Jewish organizations with which your family is affiliated.

\_\_\_\_\_  
\_\_\_\_\_

**D** Please list any Jewish camps that the applicant attended this past summer.

\_\_\_\_\_  
\_\_\_\_\_

**E** Is there any additional information you would like us to know about you, your child or your family?

\_\_\_\_\_  
\_\_\_\_\_

## 8 APPLICANT PERSONAL INFORMATION

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Applicant's Last Name

First Name

Middle Name

**A** What are your child's strengths and interests?

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**B** Are there any physical or emotional challenges to be aware of? If so, please explain.

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**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.

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**D** Has your child been tested or evaluated for any special academic, behavioral or emotional concerns? Please explain and include a copy of evaluation. Has your child received or currently receiving any services?

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**E** What else would you like us to know about your child? Please attach an additional page if necessary.

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**F** Has your child ever applied to or attended Torah Academy in the past? If yes, when?

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**G** Are there any questions about Torah Academy that you would like us to address when you visit?

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**H** Do you have an relatives who are Torah Academy alumni?

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Name

Relationship

Years Attended

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Name

Relationship

Years Attended





## 10 JUDAIC AND HEBREW STUDIES PLACEMENT SURVEY

### TO BE FILLED OUT ONLY IF THE APPLICANT IS ENTERING GRADES K-8.

Please fill out this placement survey to the best of your ability. Please note that there are skills and content on this list that students cover throughout the school (Grades K-8). Therefore, please do not be surprised if there are items that your child has not learned yet.

Last Name                      First Name                      Middle Name                      Name to be called at school

Applying for admission to grade \_\_\_\_\_ for the 20\_\_\_\_\_ school year.

Please check the corresponding response:

Skill or content area	Applicant is comfortable with this	Applicant has some experience with this	Applicant has not yet learned this
Knows blessings for bread, cake, fruits, grape juice and candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has learned about key Torah characters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has learned the stories and practices of Jewish Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify Hebrew letters and their sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can write Hebrew letters in block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can write Hebrew letters in script	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can read Hebrew words with vowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can read short stories in Hebrew (and understand them)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can speak complete sentences in Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can write sentences in Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can read or sing the first four blessings of Birkat HaMazon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can fluently read the three paragraphs of the Shema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can read from the Chumash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has learned Chumash (from the Chumash itself) and can explain what s/he has read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can understand a class taught in Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can write a short story in Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can read Rashi script	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has studied selections of Rashi's commentary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has learned Mishna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has learned Gemara	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# 11 APPLICANT QUESTIONNAIRE

**TO BE FILLED OUT BY THE CHILD ONLY IF ENTERING GRADES 4-8.**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Name to be called at school

Current School \_\_\_\_\_

**A** 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 \_\_\_\_\_

**B** Which of your school activities is the most important to you? Why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C** What are your two favorite academic subjects in school? Why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D** 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 \_\_\_\_\_

**E** Which of your out-of-school activities is most important to you? Why?

\_\_\_\_\_  
\_\_\_\_\_



# RELEASE OF RECORDS FORM

**TO BE SENT TO THE SCHOOL YOUR CHILD IS CURRENTLY ATTENDING.**

## **INSTRUCTIONS:**

**STEP 1:** Tear this page out. This page will 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:**

_____	_____	_____
Last Name	First Name	Middle Name
_____		_____
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 of Greater Philadelphia:

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

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

**TORAH ACADEMY OF GREATER PHILADELPHIA**

Attention: Admissions

742 Argyle Road, Wynnewood, PA 19096

PHONE 610-642-7870 FAX 610-642-2265 E-MAIL [admissions@taphila.org](mailto:admissions@taphila.org)

## 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.

**A** The student has attended your school for \_\_\_\_\_ years, beginning on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**B** Length of time acquainted with the student? \_\_\_\_\_

**C** Has the student received any special personal and/or academic support at your school (tutoring, counseling, medical, etc.)? If so, please explain.

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

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**E** Are there any special circumstances of which we should be aware?

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_____ Name	_____ Position		
_____ School			
_____ Address	_____ City	_____ State	_____ Zip
_____ Phone	_____ E-mail address		
_____ Signature	_____ Date		

## VISIT DAY

### **VISIT DAY - FOR GRADES 1-8**

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

#### **Torah Academy of Greater Philadelphia Admissions**

742 Argyle Road, Wynnewood, PA 19096

PHONE 610-642-7870 x255 FAX 610-642-2265 E-MAIL [admissions@taphila.org](mailto:admissions@taphila.org)

### **ON YOUR VISIT DAY**

Our school day begins at 8:30 am 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 \_\_\_\_\_

## APPLICATION CHECKLIST

### **PLEASE REVIEW AND CHECK THE FOLLOWING TO ENSURE THAT YOUR APPLICATION IS COMPLETE:**

- Release of Records and 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.
  
- Application fee of \$50 per applicant is included.
  
- For applicants entering Grades 1-8, you have scheduled your child's visit day at Torah Academy, and this page has been torn out for your convenience.  
Grades 1 and 2: Half day visit                      Grades 3 - 8: 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](mailto:tlibesman@taphila.org).



**TORAH ACADEMY**  
of GREATER PHILADELPHIA

[WWW.TAPHILA.ORG](http://WWW.TAPHILA.ORG) | 742 Argyle Road | Wynnewood, PA 19096 | 610-642-7870