

## APPLICATION FOR FRESHMAN ADMISSION

admissions@mshsg.org

- 1. Please complete all fields.
- 2. Include a recent photo of Applicant. Please make sure this is a high quality photo, not cropped, or scanned.
- 3. Include Applicant's final 7th grade and available 8th grade report cards.
- 4. Include Applicant's current IEP or 504 plan, if applicable.
- 5. Enclose \$125 application fee check, payable to Midreshet Shalhevet.

APPLICANT INFORMATION			
Applicant's legal first name	Last name		
Applicant's Hebrew name	Applicant's preferred name		
Date of birth//			
Applicant's street address			
City	State	Zip Code	
Applicant's home phone ()			
Applicant's cell phone ()	-		
Applicant's email address			
(Adult sizes) \( \subseteq XS \( \supseteq S \) \( \supseteq M \( \supseteq L \) \( \supseteq XL \( \supseteq XXL \) <b>EDUCATION</b> Applicant's current school			
Name of reference at current school (Principa			
Has the Applicant attended any previous schools, along with date			
		<u>-</u>	
Name of reference(s), with phone number(s)	at previous sch	ools	

<b>FAMILY INFORMATION</b> Marital status of Applicant's parents ☐ Married ☐ Divorced ☐ Separated ☐ Widow(er) ☐ Other If other, please explain
With whom does the Applicant live? $\square$ Both parents $\square$ Father $\square$ Mother $\square$ Other If other, please list name and relationship to Applicant $\_$
Family's CongregationName of Rabbi
Will you be requesting tuition assistance? $\square$ Yes $\square$ No
FATHER'S INFORMATION
Father's title: ☐ Rabbi ☐ Dr. ☐ Mr.
Father's first name Last name
Father's home address (if different from Applicant) Street address
City Zip Code
Father's email address @
Father's home phone ()
Father's cell phone ()
Father's employer
Nature of business
Father's work phone ()
FATHER'S EDUCATION
Name of high school
Name of undergraduate school
Name of graduate school
MOTHER'S INFORMATION
Mother's title: □ Dr. □ Mrs. □ Ms.
Mother's first name Last name
Mother's home address (if different from Applicant)
Street address
City State Zip Code
Mother's email address
Mother's home phone ()
Mother's cell phone ()
Mother's employer
Nature of business
Mother's work phone ()
MOTHER'S EDUCATION
Name of high school
Name of undergraduate school
Name of graduate school

SIBLING INFORMATION	Name	Grade	School	
	Ivallie	Graue	SCHOOL	
Sibling 1				
Sibling 2 Sibling 3				
Sibling 4				
Sibling 5				
C gillidic				
GRANDPARENTS' INFORMATION Paternal grandparents' names and address				
Paternal grandfather's ema	il address		@	
Paternal grandmother's em				
Maternal grandparents' names and address				
Maternal grandfather's ema	ail address		@	
Maternal grandmother's en				
<ul> <li>Are you interested in applying to the MSH Scholar's Program? Yes No</li> <li>Applicants applying to the MSH Scholar's program must submit the following credentials: <ul> <li>A 95 average in both <i>limudei kodesh</i> and general studies. Submit final 7th grade and available 8th grade report cards.</li> <li>Two letters of recommendation from Applicant's current principal, teacher, or shul Rabbi.</li> <li>Documentation of involvement in an extracurricular <i>chesed</i> project. Please submit a letter from the <i>chesed</i> coordinator or personal documentation of Applicant's involvement.</li> <li>Candidates are required to take the MSH Scholar's Exam on January 1, 2020 at 9:00 AM.</li> </ul> </li> <li>All credentials should be emailed to admissions@mshsg.org with the subject line "MSH Scholar's Program Credentials - Student's Name".</li> </ul> INTERESTS AND ACADEMICS				
How did the Applicant spend the last three summers? If camps, please provide camp names and dates of attendance.				
Regents courses to be completed prior to starting high school: $\square$ None $\square$ Algebra $\square$ Earth Science $\square$ Hebrew $\square$ Other If other, please list				
Please list any honors classes in which Applicant is currently enrolled				

Please list any awards, prizes, or scholarships	s Applicant has received
Please list any youth groups with which Appli	icant is affiliated
EDUCATIONAL AND MEDICAL INFOR Is the Applicant current on all immunizations	_
physical), or been prescribed medications? If	ny learning disabilities or special needs (academic or yes, please explain and list any medications.
	social, or behavioral needs that require(d) essment) or medications? If yes, please explain and
Does your child have any allergies or asthma	? If yes, please explain and include medications
Does your daughter have an IEP or Section 50 If yes, please include a <u>full</u> copy of Applicant's	•
Is there any additional information about you explain.	ur child that we should be aware of? If yes, please
all the information in this application is compa full four year course of study dedicated to understand that MSH has the right to require disciplinary reasons, or any reason at the disstudents are expected to uphold the moral a and out of school. We will inform MSH of any been submitted.	ter to Midreshet Shalhevet (MSH), and affirm that plete and accurate. We understand that MSH offers Torah, academics, and <i>midot</i> development. We the withdrawal of any student at any time for cretion of the school. We further understand that nd religious principles of MSH at all times, both in changes that take place after this application has
Date	
Parent's signature Date	