

**REQUIREMENTS FOR ADMISSION
TO
TORAH ACADEMY OF MILWAUKEE**

1. Completed application form
2. Immunization forms
3. Permission forms for emergency medical care and field trips
4. Two letters of recommendation
5. Interview with principal
6. Previous transcripts—7th and 8th grade and any high school transcript
7. Registration fee payment of \$125
8. Scholarship forms, if applicable

**APPLICATION FOR ADMISSION
TORAH ACADEMY OF MILWAUKEE HIGH SCHOOL FOR GIRLS**

6800 North Green Bay Avenue
Glendale, Wisconsin 53209
414-352-6789

APPLICANT

Name

Last _____ First _____ MI _____ Hebrew _____

Address _____ City _____ State _____ Zip _____

Home phone _____

Present School _____ Address _____

Phone _____ Present grade _____

Place of birth _____ Date of birth _____

Social Security Number _____

PARENTS

Father or

Guardian _____

EDUCATIONAL DATA

List chronologically all schools applicant has attended

Name of School	City	Dates attended	Graduated
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Is applicant a Convert? Yes___No___ If yes - Officiating Rabbi's name and
 Phone
 Number_____

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SOCIAL DATA

List camps attended, organizations and extra curricular activities in which applicant has participated.

MEDICAL INFORMATION

Have you ever suffered from a serious injury, illness, eating disorder, or undergone surgery?

Yes___No___

If yes, please

specify:_____

:_____

Do you take any medications regularly? Yes___No___If yes, please

specify:_____

Have you received any professional psychological counseling? Yes___No___If yes, please

specify:_____

SPECIAL NEEDS

List any special needs the applicant may have (academic, physical, social) _____

REFERENCES

School Principal _____ Phone _____
Teacher _____ Phone _____
Synagogue Rabbi _____ Phone _____
Additional Reference _____ Phone _____

SIGNATURES

To the best of my knowledge, all information listed above is correct. I have read the current school year's Handbook and consent to conform to the School's expectations.

Applicant's signature _____ Date _____

Parent's signature _____ Date _____