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

<u>Name</u>					
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					

Father's address			
Father's employer		Occupation	
Home phone	cell #	Office	
phone			
Synagogue			
Affilliation	Ral	obi	
Convert: YesNoOffici	ating Rabbi and P	hone	
Number:	_		
Mother's name		Maiden	
name			
Mother's address (if			
different)			
Mother's			
employer		Occupation	
Home phone number (if differe	nt) cell:	 # Office	
phone	int)cciii	Office	
Synagogue			
Affilliation	D.	ahhi	
Convert: YesNo_Officia			
		One	
Number			
Parent affiliation with Jewish or	rganizations (relig	ious, communal, or educ	cational):
EMERGENCY PHONE NUM cannot be reached. NameName		·	
Page 2			
SIBLINGS			
Name S	chool	Age	Grade

EDUCATIONAL DATA

List chronologically all schools applicant has attended

Name of School	City	Dates attended	Graduated
Is applicant a Convert? Yehone Number		_ If yes - Officiating Rab	bi's name and
SOCIAL DATA List camps attended, organicipated.	anizations and ex	tra curricular activities in whic	ch applicant has
surgery? YesNo If yes, please	rom a serious inj	ury, illness, eating disorder, or	-
	ions regularly?	YesNoIf yes, please	
specify:		salasiaal agunaalinaa Vaa	No I£ voo
please specify:	roiessionai psyci	nological counseling? Yes	noii yes,

SPECIAL NEEDS	
List any special needs the applicant may have	(academic. physical,
social)	
	
REFERENCES	
School Principal	Phone
Teacher	Phone
Synagogue Rabbi	Phone
Additional Reference	
Traditional Telefonee	Thole
SIGNATURES	
SIGNATURES	
T- 41-1-4-61-111:-64:	Note the book is a summer. The second about
To the best of my knowledge, all information	
current school year's Handbook and consent t	to conform to the School's expectations.
Applicant's signature	Date
Parent's signature	Date