

# Texas Torah Institute / Yeshiva & Mesivta of Dallas

17738 Davenport Road, TX 75252  
(972) 250-4888 Fax (972) 250-4889

## Application: Part I

To be completed by parent

DATE of APPLICATION \_\_\_\_\_ For Admission into GRADE: \_\_\_\_\_ in August 20\_\_\_\_

Referred By: \_\_\_\_\_

### 1. Applicant information

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Middle \_\_\_\_\_ Hebrew \_\_\_\_\_ Cell Number \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ HmPhone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ SS# \_\_\_\_\_

### 2. Family Information

Father's Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Firm Name \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Business Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Firm Name \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Business Address \_\_\_\_\_

Father's Parents' Names: \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mother's Parents' Names: \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Sibling Information (please complete on back of this page)

Name	School	Age	Grade Level

**3. Educational Information**

**PLEASE NOTE:** This application will NOT be processed until we have received all of the previous year's report cards/transcripts. They can be faxed to 972-250-4889. Receipt of records will allow us to process your application. Please list chronologically all schools applicant had attended

School Name	City	Principal	Dates of Attendance	Graduated? Y/N

**\*Last School Attended Information Needed:**

**\*School Name:** \_\_\_\_\_

**\*School Address:** \_\_\_\_\_

**\*School Phone #:** \_\_\_\_\_ **School Fax #:** \_\_\_\_\_

**\*Very Important to complete this information above for application.**

Please list chronologically all summer camps/programs applicant has attended:

Program Name	Administrator	Attended summer of:

Please list any unique skills or talents applicant may have: \_\_\_\_\_

Please list any special needs applicant may have (academic, physical, social or emotional): \_\_\_\_\_

Please list any prescription medications applicant is taking or will be taking: \_\_\_\_\_

4. Please provide any additional information you think is important for us to consider:

**5. Emergency Information:** Please list two individuals who may be contacted in case you cannot be reached:

Name \_\_\_\_\_ Phone #( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone #( ) \_\_\_\_\_

**Note:**

*It is understood that the registration of any student admitted to T.T.I is subject to the following conditions: Attendance at the school is a privilege and not a right. T.T.I reserves the right to require the withdrawal of a student at any time for any reason which it deems sufficient. Attendance at the school is dependent upon the maintenance of regular and satisfactory work both in Judaic and Secular departments. The student is required to familiarize himself with and to abide by all rules and regulations of the high school. Above all, as a member and representative of our institution, the student is expected to uphold the moral principles and good name of the Texas Torah Institute at all times- both in school and in his outside activities.*

I understand the educational policy of your school, and this application (including Part II to be completed by applicant) is submitted with my knowledge, consent and approval.



17738 Davenport Rd.  
Dallas, TX 75252  
Phone: 972-250-4888 Fax: 972-250-4889

## Parental Release Form for School Records

To: \_\_\_\_\_

From: Texas Torah Institute  
17738 Davenport Rd.  
Dallas, TX 75252

Under the Family Educational Rights and Privacy Act (FERPA), \_\_\_\_\_ is permitted to disclose all records and information regarding my son, \_\_\_\_\_ DOB: \_\_\_\_\_ to Texas Torah Institute.

Texas Torah Institute recognizes that these records are confidential and will act in accordance with FERPA.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

# Texas Torah Institute / Yeshiva & Mesivta of Dallas

## Application: Part II

To be completed by student

for admission in Aug. 20\_\_\_\_\_

Name: Last\_\_\_\_\_First\_\_\_\_\_

What school do you currently attend?\_\_\_\_\_

Please list and briefly describe the Judaic courses you are taking this year:

- Gemara\_\_\_\_\_
- Halacha\_\_\_\_\_
- Other\_\_\_\_\_

Please list the secular courses you are taking this year:

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

Please list the extra-curricular activities you are participating in this year:

\_\_\_\_\_

What subjects have you liked best?\_\_\_\_\_

Least?\_\_\_\_\_

What subjects have been hardest for you?\_\_\_\_\_

What is your ambition?\_\_\_\_\_

What are your hobbies?\_\_\_\_\_

How do you plan to spend this coming summer? (Please be specific)

\_\_\_\_\_

Have you received any scholarships, prizes, or other awards? Please describe them:

\_\_\_\_\_

Please provide the following references:

Principal\_\_\_\_\_ Office number\_\_\_\_\_

Gemarah Rebbe\_\_\_\_\_ Office number\_\_\_\_\_

Shul Rabbi\_\_\_\_\_ Office number\_\_\_\_\_

Additional reference (teacher, mentor, etc)\_\_\_\_\_ Office number\_\_\_\_\_

Who referred you to our school?\_\_\_\_\_

Please provide any additional information you think is important for us to consider:

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**Note:**

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I hereby certify that the information given in this application is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_