

Shaarei Torah of Richmond

Application for Admission

Please type or print clearly

I. Applicant Information							
Applicant's name (last)	First name		M.I.	Hebrew			
Applicant's home address			City		State	Zip	
Home telephone number P		Present school			Present grade		
Place of birth		Citizen of	SS#			Date of birth	

II. Parent Information							
Father or guardian's name (last)		First name	First name			M.I.	Title
Father's address			City St		State	Zip	
Father's employer			Occupation				
Home telephone	Office telephone	Fax numb	ler	E-mail add	dress		
Shul affiliation			Rav				
Mother's name (last)		First name	e		M.I.	Maiden	name
Mother's address (if o	different from above)		City St		State	Zip	
Mother's employer			Occupation				
Home telephone Office telephone Fax numb		Fax numb	per E-mail address				
Shul affiliation		Rav					
Parents of applicant are (check one if applicable)							
Separated Divorced Deceased Parents' affiliation with Jewish organizations (religious, communal, educational, etc.) Deceased							
Person responsible f	or student's tuition an	nd fees					
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III. Siblings						
Name	School	Aae	Grade			

IV. Educational Data						
List chronologically the last three schools that the applicant attended						
Name of School	City/State	Dates attended	Grades completed			
Descri	be the courses the a	pplicant is taking thi	s year			
		Kodesh				
	General	Studies				

V. Educational Data (continued from page 2)						
List any summer camps that the applicant has attended (if applicable)						
Name	Citv		Date			
List the applicant's participat	tion in organizations	and extra	curricular activities			
Organization/activity			Dates			
List any awards or prizes the applicant has received						

VI. References						
	School Principal			Rav		
Name		Name				
School		Shul				
Phone		Phone				
	Additional reference 1	Additional refere	ence 2	Additional reference 3		
Name						
Phone						
Relation						
		Comments (if any)				

VII. Emergency Information Indicate two individuals besides parents to contact in case of emergency						
Name		Relationship		Telephone		
Health insurance carrier						
Insured's name		SS	S#			
Plan		Gro	oup number			
I.D. #		Tel	elephone #			
Applicant's signature			Date			
Parent's signature			Date			

Please submit an essay of 500 words or less in which you tell us a little about yourself and describe why you wish to pursue your high school education at Shaarei Torah of Richmond.

Please forward transcripts of the previous three years of academic work. (In sealed envelope from schools attended.)

The application process is considered incomplete until a personal interview has been conducted with the applicant.



Please return to: Shaarei Torah of Richmond Office - 6801 Patterson Avenue Richmond, VA 23226 Tel - 804-288-7610

**NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS **

Shaarei Torah of Richmond admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school administered programs.