Checklist of Admission Application Materials

Date Sent		Application Materials					
		Completed Application					
		School Reports					
		1. Menahel's Report					
		2. Principal's Report					
		Official Secondary School Transcripts (Please note: Transcripts must be sent by all schools the student has attended regardless of the length of time school was attended.)					
		Standardized Test Scores, If Applicable (Iowa Skills, EDS, PSAT, SAT)					
		Educational or Medical Testing Reports, If Applicable					
		Personal Statement					
		Foreign Students Only					
		Valid ID					
		Proof of Eligibility					
Upon receipt of abov	ve materia	ls, you will be contacted to schedule interviews.					
Interview Date:							
The Mechina of South Florida (M	lesivta of Greater	Miami) admits students of any race, color, national and ethnic origin to all the rights, priv					

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, admissions policies, scholarship and loan programs, and athletic and other schooladministered programs.







4000 Alton Road Miami Beach, FL 33140 Office: 305 534-7050 Fax: 305 534-8444 office@mechinasf.com

www.mechinasf.com

STUDENT APPLICATION



Merwitzer Mesivta of Greater Miami Mechina of South Florida

2016-2017

Application: Applicant's Name:	Month	Day	Year			3.61		
Applicant's Name:				-		Month	Day	Year
Ī								
		Last			First		Mid	dle
Hebrew Name:								
Personal nformation:	Place of Bir	th:						
illioilliatioli.				City	Stat	te	Co	ountry
	Date of Birth (Hebrew):							
	Social Security Number Date of Birth (English):							
Contact					01 B.I.VII (1			
Information:	Home A	ddress		City		State		Zip
	Mailing Address, If different than above.							
	Father's:	Home Pho	one	Cell Phone	Fax N	lumber	E-mail	Address
	Mother's:	Homa Dh	uana .	Cell Phone	Eav N	lumbor	E mail	Addraga
Parental	Mother's: Home Phone Cell Phone Father (or guardian)				Fax Number E-mail Address Mother (or guardian)			
information:	Title				Title			<u></u>
	Name		_		Name			
If person other than parent should receive correspondence, please check box and fill out information on another sheet	Hebrew Nan	ne			- Hebrew	Name		
	Occupation				- Occupati			
	Business Ad	dress			-	Address		
	Dusiness Au	<u></u>			_			
	Business Pho	one			Business	Phone		
Please list other children in your amily:	Name			Age	·	School pre	sently attend	ing

Please list in chronological order all schools applicant has attended	Name Address Dates of Attendance
Please list Congregations and/or Jewish Organizations with which family is affiliated	Name Spiritual Leader or Presiding Officer
The small cont seem been called to	□ Vac □ Na
Has applicant ever been asked to leave a school or not to return for the new school year?	☐ Yes ☐ No If yes, please explain:
Please list any allergies applicant may have:	
Has applicant ever consulted a psychologist or psychiatrist?	\square_{Yes} \square_{No} If yes, please submit a copy of evaluation and other pertinent information along with filled out application.
Has the applicant consulted any education professional concern-	аррисаноп.
ing learning disabilities, gifted potential, physical, occupational, or speech therapy?	\square_{Yes} \square_{No} If yes, please submit a copy of evaluation and other pertinent information along with filled out application.
Student Information	Mesechte Currently Learning
	List any Scholarships, Prizes, Contests or other awards you have won:
	What subjects do you like best?
	What subjects do you find most difficult?
	What is your ambition?

I/we hereby grant permission for the release of all scholastic records, standardized tesscores, health records, attendance records and all documents of commendation and discipline records of my child on file to Mechina High School.

Father's Signature:	
Mother's Signature:_	
Student Signature:	

Application will not be accepted unless filled out completely.