

# MAGEN DAVID YESHIVAH

## Celia Esses High School

7801 Bay Parkway  
Brooklyn, New York 11214  
Telephone: (718) 331-4002  
Fax: (718) 331-4812



### Application for Admission

For term beginning September \_\_\_\_\_

#### Section I - To be completed by the applicant's parent(s) or guardian(s). Please answer all questions.

Name of applicant \_\_\_\_\_  
Last Middle Initial First Hebrew Name

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Present age \_\_\_\_\_ **Please attach a copy of applicant's Birth Certificate**

Present School \_\_\_\_\_ Present grade \_\_\_\_\_

What grades, if any, have been advanced? \_\_\_\_ Repeated? \_\_\_\_ Student SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

#### Candidate's Parents:

**Father's Name** \_\_\_\_\_  
First M.I. Last Hebrew

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

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

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

Business Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Highest Degree Earned \_\_\_\_\_ Date \_\_\_\_\_

Professional Schools \_\_\_\_\_

College \_\_\_\_\_ Deg./Date \_\_\_\_\_

Secondary School \_\_\_\_\_ Deg./Date \_\_\_\_\_

Synagogue Affiliation \_\_\_\_\_

Community Activities and Positions Held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
First M.I. Last Hebrew

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

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

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

Business Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Highest Degree Earned \_\_\_\_\_ Date \_\_\_\_\_

Professional Schools \_\_\_\_\_

College \_\_\_\_\_ Deg./Date \_\_\_\_\_

Secondary School \_\_\_\_\_ Deg./Date \_\_\_\_\_

Synagogue Affiliation \_\_\_\_\_

Community Activities and Positions Held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the applicant does not live with both natural parents, please check the appropriate statements:

Parents are: \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Deceased

Other children in family:

Name	Age	School	Name	Age	School
_____			_____		
_____			_____		
_____			_____		

**Candidate's Grandparents:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

To whom should all correspondence and notices be sent?

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Who is responsible for tuition payments? \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Describe the nature of any difficulties (physical, academic or emotional) and the measures that have been taken to remedy them.

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

Has your child had any testing other than standardized testing (i.e. psychological evaluation)?  Yes  No

If yes, please explain (give dates and send in a copy): \_\_\_\_\_

\_\_\_\_\_

Has the applicant been required to withdraw from any school?  Yes  No If yes, please give details:

\_\_\_\_\_

Have all financial obligations to previous schools your child attended been met?  Yes  No If no, please explain

\_\_\_\_\_

List briefly the main reasons you wish your child to attend Magen David Yeshivah Celia Esses High School:

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

**Section II - Writing Sample**

**To be completed by the applicant**

Name \_\_\_\_\_ Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Present School \_\_\_\_\_ Grade Applying to \_\_\_\_\_

1. Describe one interest, talent or hobby in which you spend much of your free time.

\_\_\_\_\_



**Section III - To be completed by the applicant's parent(s) or guardian(s).**

Magen David Yeshivah grants limited scholarship assistance based on financial need.  
Will you be requesting an adjusted tuition? \_\_\_\_ Yes \_\_\_\_ No

**A \$100 FEE MUST ACCOMPANY THIS APPLICATION.** The fee covers the cost of processing this application. It is non-refundable and will not be applied to the tuition charge. Checks should be made payable to Magen David Yeshivah High School. The applicant is considered a candidate for admission only after this application, the application fee, and all supporting documents are received.

A copy of the applicant's birth certificate must accompany this application.

It is understood that the parents and applicant agree to support and abide by school regulations and guidelines not only at the time of admission, but through subsequent years of attendance. **Administration may exercise the right to ask a student to leave if information crucial to academic, social and/or emotional functioning is withheld during the admissions process.** Students are admitted on the express condition that admission is for the entire school year; the parent or guardian agrees to pay the entire year's tuition, which is non-refundable, in the event of withdrawal.

It is understood that my child may attend Magen David Yeshivah only when he/she is admitted and registered, and tuition payments are up to date.

Please send this completed application and fee to:

Magen David Yeshivah Celia Esses High School  
7801 Bay Parkway  
Brooklyn, New York 11214  
Att: Admissions

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date of Application

**notice of non-discriminatory policy as to students**

The Magen David Yeshivah Celia Esses High School 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 origins in administration of its educational policies, scholarship and loan programs, and athletic and other school programs.

# MAGEN DAVID YESHIVAH CELIA ESSES HIGH SCHOOL

## Principal's Recommendation

Date \_\_\_\_\_

\_\_\_\_\_ has applied for admission to Magen David Yeshivah Celia Esses High School. Magen David Yeshivah offers a college preparatory program for all students. Your comments will help us determine the student's potential to succeed in this rigorous academic environment. **All comments will remain confidential.**

Thank you for your assistance.

<b>STUDENT ACHIEVEMENT</b>				
	<b>Superior</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>
Student exhibits midot appropriate to a Ben/Bat Torah.				
Student is able to communicate in Hebrew, orally and in writing.				
Student presents a record free of disciplinary infractions.				
Student demonstrates a positive attitude towards learning.				
Student has achieved his/her potential.				
Student's attendance record reflects a commitment to learning.				

### **Principal's recommendation:**

- ~ Recommend for admission enthusiastically
- ~ Recommend for admission with reservation
- ~ Do not recommend for admission

\_\_\_\_\_  
Principal's Name (print)

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Principal's Signature

(over)

# MAGEN DAVID YESHIVAH CELIA ESSES HIGH SCHOOL

## Elementary School Records

Copies of all official school records including seventh grade report cards for all marking periods, attendance records, discipline records, standardized test grades for grades 6 - 8, educational and psychological evaluations must be sent to:

Magen David Yeshivah Celia Esses High School  
7801 Bay Parkway  
Brooklyn, New York 11214  
Att: Admissions

Student's Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize you to send the above stated materials to Magen David Yeshivah Celia Esses High School.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

*(over)*