

APPLICANT NAME _____

Grades 1 - 8
2024-2025

Application Form



To Empower and Inspire

Instructions and Pertinent Information

This application is a request for admission for new students only. It becomes binding upon the parents and the school only when the applicant has been formally accepted, a registration packet has been completed and returned, and a tuition agreement has been signed.

- An application form should be completed for each student. Please fill out the application completely and print clearly.
- An **application fee** of \$110 per child must accompany this application (max. \$220 per family). This fee is non-refundable.
- There is an application checklist provided for your convenience on Page 13. Please use this checklist as a guide to ensure that your application is complete and all required documents are included.

All applications and correspondence should be mailed or emailed to:

Erica Stoltz
Office of Admissions
390 S. White Station Road
Memphis, TN 38117
901.682.2400, ext. 223
erica.stoltz@mhafyos.org

(1) APPLICANT

(Please print)

Applicant's Name _____
Last First Middle

Full Hebrew name _____

Applying for grade _____ Gender: Male Female Student Cell Phone _____ - _____ - _____

Date of birth ____ / ____ / ____ Hebrew date of birth _____ Place of birth _____

Age _____ Current School _____ Current Grade _____

School address _____ School phone _____

FAMILY INFORMATION**(2) PARENT(S)****FATHER** Dr. Mr. Rabbi_____
Last First Middle

Home address _____

City _____ State _____ ZIP _____

Home phone _____

E-mail _____

Occupation/Position _____

Name of employer _____

Business address _____

City _____ State _____ ZIP _____

Business phone _____ Ext _____

Cellular phone _____

MOTHER Dr. Mrs. Ms._____
Last First Middle

Home address _____

City _____ State _____ ZIP _____

Home phone _____

E-mail _____

Occupation/Position _____

Name of employer _____

Business address _____

City _____ State _____ ZIP _____

Business phone _____ Ext _____

Cellular phone _____

(3) SIBLING(S)

Name _____ Age _____

Current School _____ Current grade _____

Name _____ Age _____

Current School _____ Current grade _____

Name _____ Age _____

Current School _____ Current grade _____

Name _____ Age _____

Current School _____ Current grade _____

(4) GRANDPARENT(S)

Name of paternal grandfather _____

 Grandfather deceased Address (if living) _____

City _____ State _____ ZIP _____ Phone _____

Grandfather e-mail: _____

Name of paternal grandmother _____

 Grandmother deceased Address (if living) _____

City _____ State _____ ZIP _____ Phone _____

Grandmother e-mail: _____

Name of maternal grandfather _____

 Grandfather deceased Address (if living) _____

City _____ State _____ ZIP _____ Phone _____

Grandfather e-mail: _____

Name of maternal grandmother _____

 Grandmother deceased Address (if living) _____

City _____ State _____ ZIP _____ Phone _____

Grandmother e-mail: _____

(5) MISCELLANEOUS INFORMATION

- (a) Applicant's parent(s) are currently married: Yes – go to question (i)
 No – go to question (b)
- (b) Applicant's parent(s) are: Separated Divorced Father deceased Mother deceased
- (c) If parent(s) are divorced or deceased: Father remarried Mother remarried
- (d) Name of step-parent: _____
- (e) Name and address to which school information (e.g. flyers, report cards) should be sent:
- Name _____
- Street address _____
- City _____ State _____ ZIP _____ Phone _____
- (f) Name and address to which school billing information should be sent: Check here if same as above.
- Name _____
- Street address _____
- City _____ State _____ ZIP _____ Phone _____
- (g) Applicant lives with: Mother – go to question (i)
 Father – go to question (i)
 Other legal guardian – go to question (h)
- (h) If living with a legal guardian:
- Legal guardian name _____ Relationship to applicant _____
- Street address _____
- City _____ State _____ ZIP _____ Phone _____
- (i) Are you applying for financial aid? Yes No
- (j) How did you learn about Margolin Hebrew Academy / Feinstone Yeshiva of the South? _____
- _____
- _____
- _____

(7) PREVIOUS SCHOOL INFORMATION

Please list the school(s) that your child has attended in the past.

Name of school	From date	To date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

(8) APPLICANT PERSONAL INFORMATION

(Please print)

Applicant's Name _____
Last First Middle

(a) Are there any physical or emotional impairments of which the school should be aware? Is the student on any medications? If so, please describe the reason for the medication, and list medications and dosage.

(b) Does your child currently require any support at home or at school (occupational, physical, speech, tutoring, mental health therapy, medical)? If so, please explain in detail and include all past treatments including start and end date, and attach all supporting documentation (IEP's, testing).

(c) Has the applicant ever applied to or attended Margolin Hebrew Academy / Feinstone Yeshiva of the South in the past? If yes, when?

(d) Please list other schools to which you are applying. _____

(10) LOWER SCHOOL JUDAIC AND HEBREW STUDIES PLACEMENT SURVEY**GRADES 1-8****TO BE FILLED OUT ONLY IF THE APPLICANT IS ENTER ING GRADES 1-8.**

Please fill out this placement survey to the best of your ability. Please note that there are skills and content on this list that students cover throughout the Lower School (Grades 1-8). Therefore, please do not be surprised if there are items that your child has not yet learned.

(Please print)

Applicant's Name _____
Last
First
Middle

Applying for admission to the _____ grade for the 20____ school year.

Please check the corresponding response.

SKILL OR CONTENT AREA	APPLICANT IS COMFORTABLE WITH THIS.	APPLICANT HAS SOME EXPERIENCE WITH THIS.	APPLICANT HAS NOT YET LEARNED THIS.
Knows blessings for bread, cake, fruits, grape juice and candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has learned about key Torah characters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has learned the stories and practices of Jewish Holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can identify Hebrew letters and their sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can write Hebrew letters in block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can write Hebrew letters in script	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can read Hebrew words with vowels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can read short stories in Hebrew (and understand them)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can speak complete sentences in Hebrew	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can write sentences in Hebrew	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can read / sing the first four blessings of <i>Birkat haMazon</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can fluently read the three paragraphs of the <i>Shema</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can read from the Chumash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has learned Chumash (from the Chumash itself) and can explain what s/he has read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can understand a class taught in Hebrew	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can write a short story in Hebrew	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reads Rashi script	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TO BE FILLED OUT BY THE CHILD ONLY IF ENTERING GRADES 4-8.

(Please print)

Applicant's Name _____
Last First Middle

Current School _____

(1) List any school activities in which you have participated in the last four years and indicate the level of your involvement (e.g. Student Council, Treasurer, etc.)

Activity _____

Activity _____

Activity _____

(2) Which of your school activities is the most important to you? Why? _____

(3) What are your two favorite academic subjects in school? Why? _____

(4) List any out-of-school activities in which you have participated in the last two years and indicate the level of your involvement (e.g. piano lessons, clubs, baseball).

Activity _____

Activity _____

Activity _____

(5) Which of your out-of-school activities is most important to you? Why? _____

(6) How do you usually spend your after-school and weekend free time? _____

INSTRUCTIONS:

Step 1: Remove this page from the application form. **This page will need to be sent to the school your child is CURRENTLY attending.**

Step 2: Please complete the Release of Records Authorization section below and sign.

Step 3: **Give this form to a school official (principal, counselor, etc.) at the school your child is CURRENTLY attending.**

To be filled out by the parents of the applicant.

(Please print)

Applicant's Name _____
Last First Middle

Current School _____ Current Grade _____

Applying for admission to the _____ grade for the 20____ school year.

I give permission for you to release my child's school records to Margolin Hebrew Academy/Feinstone Yeshiva of the South. I understand that the records will include academic reports and grades, standardized test results, and other pertinent school information which is part of my child's school file.

Signed _____ Relationship to child _____

To the school official (principal, counselor, etc.): Please complete the Prior School Information form on the next page and include the following information* when sending to Margolin Hebrew Academy/Feinstone Yeshiva of the South:

- Transcripts, including grades to date in current subjects
- Copies of report cards (including teacher comments)
- All standardized achievement and/or aptitude test scores.
- If applicable, a copy of special personal evaluations or psychological reports
- Attendance record
- Copy of health records and vaccinations

*We require the above items for all the years the student has been enrolled.

Student's name: _____

To the Principal or Counselor:

The student named above is applying to Margolin Hebrew Academy/Feinstone Yeshiva of the South and requests that you complete this form. We are aware of how much time forms of this sort require, and we sincerely thank you for your help. Your statement will become part of our confidential admissions file to be used by those involved in our admissions decision process. At no time will the applicant or his/her parents have access to it.

1. The student has attended your school for _____ years, beginning ____ / ____ / _____.
2. Length of time you have been acquainted with the student? _____
3. Has the student received any special personal and/or academic support at your school (tutoring, counseling, medical, etc.)? If so, please explain.

4. Has the student distinguished himself/herself in any way (academically, athletically, etc.)?

5. Are there any special circumstances of which we should be aware?

Name _____ Position _____

School _____

Address _____

City _____ State _____ ZIP _____ Phone _____

Signature of school official _____ Date _____

Please send the Release of Records form / Prior School Information pages and the required transcripts, report cards and standardized test scores as soon as possible.

Thank you for your attention in this matter.

Please mail or email to:

Erica Stoltz - Margolin Hebrew Academy · 390 S. White Station Road · Memphis, TN 38117 · 901.682.2400 ·
 erica.stoltz@mhafyos.org

APPLICATION CHECKLIST

PLEASE REVIEW AND CHECK THE FOLLOWING TO ENSURE THAT YOUR APPLICATION IS COMPLETE:

- (1) **(For applicants entering grades 1-8) Release of Records / Prior School Information** form has been signed and sent to the school your child is currently attending.
- (2) Please make sure your portion of the application has been completed.
 - (a) Sections 1-8 have been completed.
 - (b) For applicants entering **Grades 1-8, section 10** has been completed.
 - (c) For applicants entering **Grades 4-12**, please make sure s/he has completed **section 12**.
- (3) Please make sure you have included the application fee of \$110 per student (max. \$220 per family).
- (4) **Immunization records and supplemental health forms are required to be submitted to the MHA Office before a student can attend.** Please submit your student's COVID-19 vaccination card if applicable.

For questions regarding this application or to schedule a visit to the school, please contact:

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