



FOXMAN TORAH INSTITUTE

מתנתא בית דוד

31 Maple Ave. • Cherry Hill, NJ 08002

856.482.8230 • Fax 856.482.8235

E-mail: Office@FTIYeshiva.org • www.FTIYeshiva.org

The Joy of Torah - For Life

PRINCIPAL'S REPORT ON APPLICANT

Student's Name:

Last

First

Address:

City:

State:

Zip:

NOTE: Principals are requested to complete the sections in this form. When completed, please attach a copy of the applicant's 7th and 8th grade report cards and send directly to FTI, attention Rabbi Kramer. Please email a scan to admissions@ftiyeshiva.org, fax to 856-482-8235, or mail to 31 Maple Avenue, Cherry Hill, NJ 08002. All information and recommendations will be kept confidential. Thank you for your cooperation.

We regret that we cannot process the student's application unless all questions on this form have been answered.

LIMUDEI KODESH DEPARTMENT

Class Rank	<input type="checkbox"/> Top Third	<input type="checkbox"/> Middle Third	<input type="checkbox"/> Bottom Third
FINAL GRADES LAST JUNE	MOST RECENT MARKNG PERIOD		ציונים
			תלמוד (הבנה)
			תלמוד (פירוש)
			הלכה
			חומש
			נביא

Please comment on the student's performance in the following areas:

	א) הצטיינות
	ב) כשרונות
	ג) שקידה והשתדלות
	ד) הנהגה דתית
	ה) מדות ואישיות
	ו) השפעה משפחתית
	ז) הוספות והערות

Signature, *Limudei Kodesh* Department Principal

Date

GENERAL STUDIES DEPARTMENT

Class Rank

Top Third

Middle Third

Bottom Third

Please mark the appropriate spaces below:

	Excellent	Good	Average	Below Average	Unsatisfactory
Attendance					
Behavior					
Intellectual Abilities					
Leadership					
Motivation					
Relationships to Students					
Relationships to Teachers					
Work Habits					

Scholastic ability:

IQ Score:	Name of Test:	Date Administered:
Standardized Test Results	Type	Administered in Grade
Math		
Reading		

1. Discuss any learning disabilities, family or personal difficulties, or other problems of which you are aware. Please give specific examples.

2. Have you requested that the student have a psycho-educational or emotional assessment?

Yes ____ No ____

If so, has the family complied? Yes ____ No ____

3. Has this student been suspended within the last four years? Yes ____ No ____

If "yes," please list the dates and reasons for these suspensions below.

Signature, General Studies Department Principal

Date