

## Application

Applicant last name \_\_\_\_\_

Family last name \_\_\_\_\_



## Instructions

1. Please fill out the application completely and print clearly. If you are applying for multiple children, please complete page 2 for additional applicants. You may also attach an optional labeled photo for each applicant.
2. Please send the completed Release of Records Authorization form to your child's **current** school.
3. If you have children entering grades 1-12, please include a \$25 application fee per child with this application. Please note that this fee is non-refundable.
4. Please schedule a parent meeting with the Director of Admissions and appropriate division head. Please call 216.932.0220 to schedule an appointment.
5. Please schedule a student visit. During this visit, the applicant will spend time in the classrooms, meet the teachers, and have a personal interview with the appropriate division head.

### **Please send the completed application and materials to:**

**Address** Office of Admissions  
Fuchs Mizrachi School  
26600 Shaker Boulevard  
Beachwood, OH 44122

**Email** rebner@fuchsmizrachi.org

**Website** [www.fuchsmizrachi.org](http://www.fuchsmizrachi.org)

**Phone** 216.932.0220

**Fax** 216.932.0345

## 1. Applicant

### Please print.

Applying for year \_\_\_\_\_ Applying for grade \_\_\_\_\_

Applicant's name \_\_\_\_\_  
Last First Middle Name of preference

Full Hebrew name \_\_\_\_\_ Gender:  Male  Female

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Hebrew date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

School address \_\_\_\_\_ School phone \_\_\_\_\_

**For additional applicants, see next page.**

## 2. Parents

### Father

Dr.  Mr.  Rabbi \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Position \_\_\_\_\_ Employer \_\_\_\_\_

Business address \_\_\_\_\_

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

Business phone \_\_\_\_\_ Ext. \_\_\_\_\_

### Mother

Dr.  Mrs.  Ms. \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Position \_\_\_\_\_ Employer \_\_\_\_\_

Business address \_\_\_\_\_

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

Business phone \_\_\_\_\_ Ext. \_\_\_\_\_

## 1. Applicant (continued)

**Additional applicant** Applying for year \_\_\_\_\_ Applying for grade \_\_\_\_\_

Applicant's name \_\_\_\_\_  
Last First Middle Name of preference

Full Hebrew name \_\_\_\_\_ Gender:  Male  Female

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Hebrew date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

School address \_\_\_\_\_ School phone \_\_\_\_\_

**Additional applicant** Applying for year \_\_\_\_\_ Applying for grade \_\_\_\_\_

Applicant's name \_\_\_\_\_  
Last First Middle Name of preference

Full Hebrew name \_\_\_\_\_ Gender:  Male  Female

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Hebrew date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

School address \_\_\_\_\_ School phone \_\_\_\_\_

**Additional applicant** Applying for year \_\_\_\_\_ Applying for grade \_\_\_\_\_

Applicant's name \_\_\_\_\_  
Last First Middle Name of preference

Full Hebrew name \_\_\_\_\_ Gender:  Male  Female

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Hebrew date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

School address \_\_\_\_\_ School phone \_\_\_\_\_

**Additional applicant** Applying for year \_\_\_\_\_ Applying for grade \_\_\_\_\_

Applicant's name \_\_\_\_\_  
Last First Middle Name of preference

Full Hebrew name \_\_\_\_\_ Gender:  Male  Female

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Hebrew date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

School address \_\_\_\_\_ School phone \_\_\_\_\_

### 3. Siblings

Please list your child's siblings and their current information.

Name	Current school	Date of birth	Current grade

### 4. 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.		

### 5. Grandparents

#### Paternal Grandparents

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Grandfather deceased  Grandmother deceased

#### Maternal Grandparents

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Grandfather deceased  Grandmother deceased

## 6. Family Information

Are the applicant's parent(s) currently married?

Yes  No

If not, the applicant's parent(s) are:

Separated  Divorced  Father deceased  Mother deceased

If parent(s) are divorced or deceased:

Father remarried  Mother remarried

Name of step-parent \_\_\_\_\_

Name of step-parent \_\_\_\_\_

School information (e.g. flyers, report cards, invoices) should be sent to:

Name \_\_\_\_\_

Street address \_\_\_\_\_

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

Email \_\_\_\_\_

Applicant lives with:

Both parents  Mother  Father  Other legal guardian

If living with a legal guardian:

Legal guardian name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Street address \_\_\_\_\_

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

Synagogue affiliation: \_\_\_\_\_

Include any information about any family member(s) having undergone conversion. (Self, spouse, parent, etc.)

\_\_\_\_\_

List any Jewish camps the applicant attended this past summer: \_\_\_\_\_

\_\_\_\_\_

Additional information you would like us to know about you, your child, or your family: \_\_\_\_\_

\_\_\_\_\_

**Attach an additional sheet if necessary.**

# FUCHS MIZRACHI SCHOOL

## Release of Records

### Instructions for Parent of Applicant

**Step 1:** Please complete the Release of Records Authorization section below and sign.

**Step 2:** Tear this page out and give it to a school official — principal, counselor, etc. — at the school your child is **currently** attending.

### Release of Records Authorization

Applicant's name \_\_\_\_\_  
Last First Middle

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

Applying for admission to the \_\_\_\_\_ grade for the 20\_\_\_\_ school year.

I give you permission for you to release my child's school records to Fuchs Mizrachi School. I understand that the records will include academic reports and grades, standardized test results, health forms, and other pertinent school information which is a part of my child's school file.

Signed \_\_\_\_\_ Relationship to child \_\_\_\_\_

### Instructions for School Official

Please complete the form on the back and include all the following information unless otherwise indicated:

- Transcripts, including grades to date in current subjects
- Copies of report cards (including teacher comments)
- Specialized testing and/or accommodations
- All standardized test scores
- School health forms



Student's name: \_\_\_\_\_

### To the School Official:

The student named above is applying to Fuchs Mizrachi School 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 be come 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.

The student has attended your school for \_\_\_\_\_ years, beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Length of time acquainted with student? \_\_\_\_\_

Has the student received any special personal and/or academic support at your school (tutoring, counseling, medical, etc.)? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

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

Are there any special circumstances of which we should be aware? \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature of school official \_\_\_\_\_ Date \_\_\_\_\_

\* I  strongly recommend  recommend  do not recommend.  Please call me for more information.



Please mail, fax, or email the Release of Records forms, required transcripts, report cards, and standardized test scores as soon as possible to our Office of Admissions.

Please call **216.932.0220** with any questions.

**Address** Fuchs Mizrachi School  
26600 Shaker Boulevard  
Beachwood, OH 44122

**Fax** 216.932.0345

**Email** rebner@fuchsmizrachi.org