



ישיבה אור ישראל
YESHIVA OHR YISRAEL
– High School for Boys –

Timeless Torah, Sterling Character, Premier Academics

APPLICATION *for* ADMISSION

_____/_____/_____
Today's Date *Applying for Admission to Grade*

APPLICANT'S INFORMATION

_____/_____/_____
Last Name *First* *Middle* *Date of Birth*

Street Address *City* *State* *Zip*

Home Phone *Parent Email Address*

OUR YESHIVA EMPHASIZES THAT TORAH IS AT THE VERY CENTER OF OUR LIVES guiding our values, ideals, and choices. With Yiddishkeit as our foundation, we view the pursuit of the sciences and humanities as a means to further develop our appreciation of G-d and that knowledge of those subjects enables us to contribute to the world around us. We are committed to the consistent study of Torah and the refinement of character traits. We believe that men who are inspired to study Torah and are armed with middos, knowledge, and skills will become lifelong learners who will continue the Jewish legacy as a light to other nations. We believe that the Torah is Truth and welcomes any questions. We do not fear the secular world, nor do we seek to emulate it.

- I share the ideals and vision of the school and hereby ask you to consider me for admission.
- By submitting this application, I affirm that the facts set forth in it are true and complete.

Student's Signature *Date*

Parent's Signature *Date*

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS
Yeshiva Ohr Yisrael admits students of any race, color, national, and ethnic origin to all 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 origin in administration of its education policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



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APPLICANT'S INFORMATION:

Current School	Address	Phone Number	Principal
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Schools previously attended:

1. _____
2. _____
3. _____

Name	City	Date of Attendance
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Camps Attended:

Please list school-age siblings:

1. _____
2. _____
3. _____
4. _____
5. _____

Currently taking medication:
 (yes/no please specify)

Name	Current School	Current Grade
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Please list your interests, hobbies, and chessed or community service with which you have been involved:

Please rate on a scale of 1 to 5 (1 being the lowest and 5 being the highest) your level of interest in each the following categories:

Gemara Learning _____	Singing _____	Reading _____	Science _____
Sharing _____	Zmiros _____	Math _____	Experiments _____
Divrei Torah _____	Leining _____	Writing _____	Playing Sports _____

APPLICANT'S INFORMATION: (cont.)

Please check any of the following that apply to the applicant's family:

- Separation
 Divorce
 Parent deceased
 Father Remarried
 Mother Remarried
 Adoption
 Conversion — For conversion, name of officiating Rabbi or Beis Din and phone number

(All information will be kept confidential)



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FATHER'S INFORMATION:

<i>Title (Rabbi Mr. Dr.)</i>	<i>Full Name</i>	<i>Hebrew Name</i>		
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<i>Street Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
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<i>Home Phone</i>	<i>Cell Phone</i>	<i>Email Address</i>		
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<i>Occupation</i>	<i>Place of Work</i>			
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<i>Work Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
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<i>Work Phone</i>	<i>Work Fax</i>			
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MOTHER'S INFORMATION:

<i>Title (Mrs. Ms. Dr.)</i>	<i>Full Name</i>	<i>Hebrew Name</i>		
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<i>Street Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
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<i>Home Phone</i>	<i>Cell Phone</i>	<i>Email Address</i>		
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<i>Occupation</i>	<i>Place of Work</i>			
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<i>Work Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
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GRANDPARENT INFORMATION:

Paternal Grandparents:

Names: (include titles)

Street Address

City

State

Zip

Home Phone

Cell Phone

Cell Phone

Email Address

Maternal Grandparents:

Names: (include titles)

Street Address

City

State

Zip

Home Phone

Cell Phone

Cell Phone

Email Address

Email Address



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TRANSCRIPT REQUEST FORM

Applicant's Parent: Please sign this form and submit it to your son's school.

I hereby request that the school record of _____
be forwarded to:

YESHIVA OHR YISRAEL
325 RESERVOIR ROAD
CHESTNUT HILL, MA 02467

Please include the following:

- Transcripts of the last two grades attended
- Results of Standardized Tests
- Educational Evaluations and Psychological Reports

Parent's Signature _____

Date _____



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LIMUDEI KODESH STUDENT EVALUATION

Applicant: Please give this to your current Middle School or current High School Menahel to complete.

Menahel: We are grateful for your willingness to complete this evaluation of the applicant. Your appraisal will be held in the strictest confidence. Please send completed form to the address below.

Student: _____
Last Name First Middle

School: _____
Name Address Phone

ACADEMIC EVALUATION

	Excellent	Above Average	Average	Below Average
Ability				
Achievement				
Work Habits				
Attitude Toward Learning				

Were any modifications, special instruction, or enrichment necessary? If so, which subjects?

CHARACTER EVALUATION

	Excellent	Above Average	Average	Below Average
Honesty				
Maturity				
Classroom Behavior				
Respect for authority				
Relationship with peers				
Concern for others				

Please share any other pertinent information regarding the applicant's performance and abilities.

Menahel's Name
(please print)

Menahel's Signature

Telephone

Date



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GENERAL STUDIES STUDENT EVALUATION

Applicant: Please give this to your current Middle School or current High School Principal to complete.

Principal: We are grateful for your willingness to complete this evaluation of the applicant. Your appraisal will be held in the strictest confidence. Please send completed form to the address below.

Student: _____
Last Name First Middle

School: _____
Name Address Phone

ACADEMIC EVALUATION

	Excellent	Above Average	Average	Below Average
Ability				
Achievement				
Work Habits				
Attitude Toward Learning				

Were any modifications, special instruction, or enrichment necessary? If so, which subjects?

CHARACTER EVALUATION

	Excellent	Above Average	Average	Below Average
Honesty				
Maturity				
Classroom Behavior				
Respect for authority				
Relationship with peers				
Concern for others				

Please share any other pertinent information regarding the applicant's performance and abilities.

Principal's Name
(please print)

Principal's Signature

Telephone

Date



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TEACHER RECOMMENDATION

Applicant: Please give this to a current Middle School or current High School teacher to complete.

Teacher: We are grateful for your willingness to complete this evaluation of the applicant. Your appraisal will be held in the strictest confidence. Please send completed form to the address below.

Student: _____
Last Name First Middle

School: _____
Name Address Phone

Teacher's Name: _____
Subject Length of time acquainted with student

ACADEMIC EVALUATION

	Excellent	Above Average	Average	Below Average
Ability				
Study Habits				
Motivation				

Were any modifications, special instruction, or enrichment necessary? If so, which subjects?

CHARACTER EVALUATION

	Excellent	Above Average	Average	Below Average
Honesty				
Maturity				
Classroom Behavior				
Respect for authority				
Relationship with peers				
Concern for others				

Please describe the student's overall academic and social character. (Use reverse side for more space.)

Teacher's Name
(please print)

Teacher's Signature

Telephone

Date