



## Yeshiva Atlanta General Family Information Form

Please print in ink. Please use additional paper if needed. Please return completed form to:  
Dana Burchfield, Director of Admissions, Yeshiva Atlanta, 3130 Raymond Drive, Atlanta, GA 30340

At Yeshiva Atlanta, we believe in nurturing the growth of a student in four areas:

Academic/Intellectual      Physical  
Religious/ Spiritual      Social/Emotional

This application is meant to help acquaint us with your child in each of these areas.

Applying for Grade  9  10  11  12 For School Year of 20\_\_\_\_\_

### I. Student Information:

Student's Full Name: \_\_\_\_\_  
First Middle Last

Name Student prefers to use: \_\_\_\_\_  Male  Female

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address

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

Home Phone Number: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year

Student's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Parent's Email(s): \_\_\_\_\_

Parent's Email(s): \_\_\_\_\_

Name of Synagogue: \_\_\_\_\_ Name of Rabbi: \_\_\_\_\_

Address of Synagogue: \_\_\_\_\_



**Other Family Information**

Please circle the correct information:

Parents are:     Married                       Separated     Divorced

Father is:         Living                       Remarried     Deceased

Mother is:        Living                       Remarried     Deceased

If divorced or remarried student's primary residence: \_\_\_\_\_

Please list all children in your family:

Name	Name of School	Date of Birth	Grade	Age	Sex
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Would you like to receive an application for financial aid?     Yes     No

**Please include a \$100.00 processing fee with your application, \$50.00 for siblings.**

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_





## Yeshiva Atlanta Student Questionnaire

This questionnaire is meant to help us begin to know you and will hopefully help you begin to explore who you are and what you hope to gain from Yeshiva Atlanta.

**At Yeshiva Atlanta, we believe in nurturing the growth of a student in four areas:**

**Academic/Intellectual**

**Physical**

**Religious/ Spiritual**

**Social/Emotional**

This application is meant to help acquaint us with your child in each of these areas.

Applying for Grade  9  10  11  12 For School Year of 20\_\_\_\_\_

### I. Student Information:

Student's Full Name: \_\_\_\_\_  
First Middle Last

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Student Cell Phone Number: \_\_\_\_\_ Student's Email: \_\_\_\_\_

#### Previous Schools Attended:

Name	Address	Grades Attended
_____	_____	_____
_____	_____	_____

Youth Group Memberships (include positions held) \_\_\_\_\_

\_\_\_\_\_

List any scholarships, prizes, contests or other awards you have won:

\_\_\_\_\_

List any extra-curricular activities you have participated in: (athletics, debating, school paper, yearbook)

\_\_\_\_\_





## English Teacher Recommendation

**Thank you for taking the time to share your thoughts with us. We value your input and perspective.**

*Please print in ink. Please use additional paper if needed. Please return completed form to:*

**Dana Burchfield, Director of Student Services, Yeshiva Atlanta, 3130 Raymond Drive, Atlanta, GA 30340**

All comments will be held in strictest confidence; information will be used only for admissions purposes and will not become part of the student's permanent record file.

Student's Name: \_\_\_\_\_  
First Middle Last

Your Name: \_\_\_\_\_  
First Middle Last

1. Please list the subject taught and level of difficulty: \_\_\_\_\_

2. How long have you known this student and in what capacity? (i.e. class, club, etc.) \_\_\_\_\_

3. Describe this student to the best of your ability. \_\_\_\_\_

4. Please check the category that best applies to the student:

	Exceptional	Above Average	Average	Below Average
Creative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent thought and action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult and social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What are the academic strengths and weakness of this student? (e.g. diligence, desire to learn, curiosity, class leadership, achievement in relationship to potential, preparation and completion of homework) Please comment in areas concerning your subject such as communication skills, language skills, written skills or other appropriate areas: \_\_\_\_\_

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

Thank you for completing the English Teacher Recommendation.

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Signature

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Please Print Name

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Name of School

---

Street

City

State

Zip

County

---

Phone Number

---

Month

Day

Year

**Yeshiva Atlanta** Phone: 770-451-5299

3130 Raymond Drive Fax: 770-451-5571

Atlanta, Georgia 30340 [www.yeshivaatlanta.org](http://www.yeshivaatlanta.org)

If you have questions, please contact Dana Burchfield at x 23.



## Math Teacher Recommendation

Thank you for taking the time to share your thoughts with us. We value your input and perspective.

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**Dana Burchfield, Director of Student Services, Yeshiva Atlanta, 3130 Raymond Drive, Atlanta, GA 30340**

All comments will be held in strictest confidence; information will be used only for admissions purposes and will not become part of the student's permanent record file.

Student's Name: \_\_\_\_\_  
First Middle Last

Your Name: \_\_\_\_\_  
First Middle Last

1. Please list the subject taught and level of difficulty: \_\_\_\_\_

2. How long have you known this student and in what capacity? (i.e. class, club, etc.) \_\_\_\_\_

3. Describe this student to the best of your ability. \_\_\_\_\_

4. Please check the category that best applies to the student:

	Exceptional	Above Average	Average	Below Average
Creative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent thought and action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult and social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What are the academic strengths and weakness of this student? (e.g. diligence, desire to learn, curiosity, class leadership, achievement in relationship to potential, preparation and completion of homework) Please comment in areas concerning your subject such as communication skills, language skills, written skills or other appropriate areas: \_\_\_\_\_

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

Thank you for completing the Math Teacher Recommendation.

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Signature

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Please Print Name

---

Name of School

---

Street

City

State

Zip

County

---

Phone Number

---

Month

Day

Year

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## Principal Recommendation

Thank you for taking the time to share your thoughts with us. We value your input and perspective.

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**Dana Burchfield, Director of Student Services, Yeshiva Atlanta, 3130 Raymond Drive, Atlanta, GA 30340**

All comments will be held in strictest confidence; information will be used only for admissions purposes and will not become part of the student's permanent record file.

Student's Name: \_\_\_\_\_  
First Middle Last

Your Name: \_\_\_\_\_  
First Middle Last

1. How long have you known this student? \_\_\_\_\_

2. Describe this student to the best of your ability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please check the category that best applies to the student:

	Exceptional	Above Average	Average	Below Average
Creative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent thought and action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult and social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What are the academic strengths and weakness of this student? (e.g. diligence, desire to learn, curiosity, class leadership, achievement in relationship to potential, preparation and completion of homework.) Please use concrete examples.

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

5. Please comment on the character strengths and weakness of this student. Include such areas as integrity, honesty, maturity, responsibility, leadership, humor and social skills. \_\_\_\_\_

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6. Does this student have a discipline record at your school? Yes  No

Thank you for completing the Principal Recommendation.

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Signature Please Print Name

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Name of School

---

Street City State Zip County

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Phone Number Month Day Year

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If you have questions, please contact Dana Burchfield at x 23.



## Jewish Professional Recommendation

Thank you for taking the time to share your thoughts with us. We value your input and perspective.

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**Dana Burchfield, Director of Student Services, Yeshiva Atlanta, 3130 Raymond Drive, Atlanta, GA 30340**

All comments will be held in strictest confidence; information will be used only for admissions purposes and will not become part of the student's permanent record file.

Student's Name: \_\_\_\_\_  
First Middle Last

Your Name: \_\_\_\_\_  
First Middle Last

1. How long have you known this student and in what capacity? \_\_\_\_\_

2. Please list the subject taught and level of difficulty: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please check the category that best applies to the student:

	Exceptional	Above Average	Average	Below Average
Creative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent thought and action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult and social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Describe the role Judaism plays in this student's life. Please comment with respect to academics and social contexts, and offer concrete examples.

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

5. Please comment on the character strengths and weakness of this student. Include such areas as integrity, honesty, maturity, responsibility, leadership, humor and social skills. \_\_\_\_\_

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Thank you for completing the Jewish Professional Recommendation.

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Signature	Please Print Name
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Name of School

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Street	City	State	Zip	County
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Phone Number	Month	Day	Year
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If you have questions, please contact Dana Burchfield at x 23.



## Yeshiva Atlanta Request for Transcripts and School Records

*Please complete and submit to your student's current school. Please print in ink.*

I request that the school record of: \_\_\_\_\_

be forwarded to Dana Burchfield at Yeshiva Atlanta, 3130 Raymond Drive, Atlanta, Georgia 30340

Please include the following:

1. Transcript, including courses taken and grades received
2. Results of standardized achievement and/or aptitude tests
3. Discipline Record
4. Immunization Form

I authorize teachers to release information that would help identify my child's learning strengths and weaknesses and behavior patterns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

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