

**APPLICATION FOR ADMISSION  
2024-2025**

**YESHIVAS OHR YECHEZKEL  
MESIVTA ATERES TZVI  
THE WISCONSIN INSTITUTE FOR TORAH STUDY  
3288 N. Lake Dr.  
Milwaukee, WI 53211 (414) 963-9317**

PLEASE TYPE OR PRINT CLEARLY

**APPLICANT**

APPLICANT'S NAME (LAST)		FIRST	M.I.	HEBREW NAME
APPLICANT'S ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	PRIMARY FAMILY E-MAIL ADDRESS			
PRESENT SCHOOL				PRESENT GRADE
PLACE OF BIRTH	DATE OF BIRTH	NAME PREFERRED TO BE CALLED		

**PARENTS**

FATHER'S NAME (LAST)		FIRST	TITLE	HEBREW NAME
FATHER'S ADDRESS - (if different from above)		CITY	STATE	ZIP CODE
FATHER'S OCCUPATION	HOME PHONE			
CELL PHONE	OFFICE PHONE	EMAIL ADDRESS		
SYNAGOGUE AFFILIATION		SYNAGOGUE RABBI		
MOTHER'S NAME (LAST)	FIRST	TITLE	MAIDEN NAME	HEBREW NAME
MOTHER'S ADDRESS - (if different from above)		CITY	STATE	ZIP CODE
MOTHER'S OCCUPATION	HOME PHONE (if different from above)			
CELL PHONE	OFFICE PHONE	EMAIL ADDRESS		
SYNAGOGUE AFFILIATION - (if different from above)		SYNAGOGUE RABBI - (if different from above)		
PARENTS' AFFILIATION WITH JEWISH ORGANIZATIONS, (RELIGIOUS, COMMUNAL, EDUCATIONAL, ETC.)				

**SIBLINGS**

NAME	SCHOOL	AGE	GRADE

**EDUCATIONAL DATA**

**LIST CHRONOLOGICALLY ALL THE SCHOOLS THAT APPLICANT HAS ATTENDED**

NAME OF SCHOOL	CITY	DATES OF ATTENDANCE	GRADUATED (Y OR N)

**DESCRIBE THE COURSES APPLICANT HAS TAKEN THIS YEAR**

<p>GEMORAH: Include the mesechta currently being learned, the amount of blatt expected to be learned this year, the length of the Gemorah shiur each day and the meforshim regularly learned</p>
<p>MATH: Provide course name and describe the material studied</p>
<p>EXTRA CURRICULAR LEARNING: Describe any learning outside of school (Limud, Days, Time)</p>

**LIST CHRONOLOGICALLY THE SUMMER CAMPS THAT APPLICANT HAS ATTENDED**

NAME	CITY	DATES

**IN WHICH ORGANIZATIONS AND/OR EXTRA CURRICULAR ACTIVITIES HAS APPLICANT PARTICIPATED  
IN SCHOOL AND IN THE COMMUNITY?**

NAME	DATES

**INDEPENDENT EVALUATIONS**

<b>Section 1</b>	
Has your son ever been evaluated or diagnosed for any developmental or learning issues?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
If yes, please state the reason or nature of the tests.	
Date Tests were administered:	
Evaluating Agency	
Name	
Address	
Telephone Number	
Test Administrator	
<b>Section 2</b>	
Has your son ever been evaluated or seen by a mental health professional?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
If yes, please state the reason or nature of the therapy and/or tests.	
Date of Initial Evaluation:	Date of Most Recent Appointment:
Evaluating Agency	
Name	
Address	
Telephone Number	

<b>LIST SPECIAL NEEDS APPLICANT MAY HAVE (ACADEMIC, PHYSICAL, SOCIAL OR EMOTIONAL)</b>

<b>LIST ANY AWARDS OR PRIZES APPLICANT HAS RECEIVED</b>

**REFERENCES**

SCHOOL PRINCIPAL	SCHOOL PHONE NO.	
GENERAL STUDIES PRINCIPAL	SCHOOL PHONE NO.	CELL PHONE
PRESENT GEMORAH REBBE	HOME PHONE NO.	CELL PHONE
LAST YEAR'S GEMORAH REBBE	HOME PHONE NO.	CELL PHONE
SYNAGOGUE RABBI	SYNAGOGUE PHONE NO.	CELL PHONE
ADDITIONAL REFERENCE (OPTIONAL)	HOME PHONE NO.	CELL PHONE

I (we) give permission to the Wisconsin Institute for Torah Study to speak with and/or receive written evaluation from any of the Mental Health or Evaluating Agencies listed on this application.

**I (WE) STATE THAT ALL OF THE FOREGOING INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE.**

APPLICANT'S SIGNATURE X	DATE
PARENT'S SIGNATURE X	DATE
PARENT'S SIGNATURE X	DATE

**Please send the completed application and your son's 7<sup>th</sup> and 8<sup>th</sup> grade report cards to:**

**THE WISCONSIN INSTITUTE FOR TORAH STUDY**  
**3288 N. Lake Drive**  
**Milwaukee, WI 53211**  
**414-963-9317**  
**414-963-1519 (Fax)**  
**admissions@witsyeshiva.com**