



Dear Parents,

Thank you for expressing interest in our Yeshiva. Enclosed please find an application for school year 2019-2020.

The administration and staff at Yeshiva of Minneapolis are fully dedicated to cultivating happy, engaged, and well-rounded Bnai Torah who grow and succeed at a high level in both Limudai Kodesh and General Studies. Yeshiva of Minneapolis provides individualized attention to each student and devotes a keen interest in each boy's education and wellbeing in a warm and personal setting.

Please complete the enclosed application and return it with a recent passport size photo of your son as soon as possible. Please give the applicable forms to your son's current school and ask them to fill out and return the forms in a timely manner as well.

If you have any questions, please feel free to call me at 651-356-9605.

Thank you,

Rabbi Shlomo Kutoff

Menahel,

Yeshiva of Minneapolis

Yeshiva of Minneapolis



Student Application 2019-2020

Proposed tuition for 2019/20
\$13,750

Students who do not need a dorm room may
be eligible for a discount.

*Fees are subject to change. Scholarships are
available.

Admissions Application

Please print

For Grade _____ School Year _____

If midyear, proposed first day of school _____

Would you like dormitory arrangements? Yes____ **No**_____

Applicant's Full Name _____

Social Security Number _____

Name your child would like to be called (nickname)_____

Date of Birth _____ Place of Birth _____

Hebrew Name _____ Hebrew Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone _____

Present School _____

Address _____

City _____ State _____ Zip _____ Phone _____

Personal Information

List areas of special talent or interest: _____

List any extra-curricular activities: _____

Has the applicant ever had an educational, neurological or psychological evaluation?_____

When?

Where is the information available? _____

If you checked yes, we will be asking you to share the results of the evaluation(s) with us.

Describe any illness, disease, or physical disabilities that would have affected or may affect the applicant's general health, school work or participation in the school's physical education program. _____

Is the applicant taking any medications? If yes, indicate name and dosage: _____

Has the applicant ever been asked to leave a school or not return for the new school year? If yes, please explain:

Has the applicant had any significant discipline issues? Please Explain:

Describe the courses the applicant is taking this year:

Judaic Studies: _____

General Studies: Please be specific: i.e: Geometry rather than just Math.

Does your son have use of a personal electronic device? (not including basic cell phones without data or wifi capability) _____

PARENT PROFILE

Father's Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Cell/Pager _____

Occupation and Position _____ Does your company match donations? ____

Business Address _____
City _____ State _____ Zip _____ Phone _____

Schooling: High School _____

College and Degree _____

Other Business/Social/Professional Organizations Affiliations _____

Availability to volunteer at school _____

Mother's Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Cell/Pager _____

Occupation and Position _____ Does your company match donations? ____

_____ State _____ Zip _____ Phone _____

Business Address _____

City _____

Schooling: High School

College and Degree _____

Other Business/Social/Professional Organizations Affiliations _____

Availability to volunteer at school _____

Marital Status of Parents: Married Separated Divorced Widow(er) Single

Applicant lives with _____

Address _____ City _____ State _____ Zip _____

Public School District in which you reside _____

Name of public school that student would have attended _____
separated or divorced, type of custody agreement: _____ *If*

Paternal

_____ State Zip Phone _____

Grandparents' Names

Address _____
City _____
Email _____

Maternal

_____ State Zip Phone _____

Grandparents' Names

Address _____
City _____
Email _____

Home Information

Synagogue Affiliation _____

Synagogue Address _____

Name of Rabbi _____

Other children in family	Birth date	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Application should be sent to:

**Yeshiva of Minneapolis ~3115 Ottawa Ave. S. ~Minneapolis, MN 55416 Or
YeshivaofMinneapolis@gmail.com**

All applicants must:

- 1) Visit the Yeshiva and Interview with Rabbi Kutoff
- 2) Send all transcripts, standardized test results and report cards for 8th grade and up from all previous schools prior to the interview.
- 3) Take a written entrance exam and/or subject placement tests.

Please check box if you are applying for financial aid.

Date

Signature of parent/guardian

Yeshiva of Minneapolis is committed to work with parents to help each boy reach his full potential. We will provide an exceptional education in all areas, to prepare our students to pursue a higher education and have the skills and confidence necessary to be a model of success.

Notice of nondiscriminatory policy as to students:

Yeshiva of Minneapolis admits Jewish 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 educational policies, admissions policies, scholarship and loan programs, and athletic and other school administrated program.

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For office use only:

Date received _____ Fee Paid \$ _____ Check Number _____ Date of Check _____

Entered into SDP _____ Family ID _____ Student ID _____ Acceptance letter sent _____ FA
sent _____