



Yeshiva of Minneapolis Application

3115 Ottawa Ave S Minneapolis, MN 55416
Phone 952-920-8673 Email yomoffice2@yofm.org

Dear Parents,

Thank you for expressing interest in our Yeshiva. Enclosed please find an application for the 2024-2025 school year.

The administration and staff at Yeshiva of Minneapolis are fully dedicated to cultivating happy, and well-rounded Bnei Torah who grow and succeed in both Limudai Kodesh and General Studies. We devote a keen interest in each boy's education and wellbeing in a warm and personal setting.

Please complete the enclosed application, together with a recent passport-size photo of your son, and email back to yomoffice2@yofm.org. Additionally, there is an attached form for your son's current Menahel/Principal to fill out. No arrangements for a Bechina can be made until all of the above are received.

If you have any questions, feel free to call our office at 952-920-8673.

Thank you,

Rabbi Shlomo Kutoff
Rosh Hayeshiva/Dean
Yeshiva of Minneapolis



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APPLICANT INFORMATION

Applying for Grade _____ School Year 20_____

Last Name _____ First Name _____ Middle Name _____

Hebrew Spelling of Name _____ Informal Name _____

Date of Birth _____ Home Phone _____

Home Address _____

City, State _____ Zip _____ Country _____

Mailing Address (If different) C/O _____

PREVIOUS EDUCATION

Present School _____ Phone _____

Address _____

PARENT PROFILE

Father's Name _____ Title _____

Address (If different than above) _____

Cell _____ Email _____

Occupation _____ Employer _____

Business Address _____ Business Phone _____

Does your company match donations? _____

Other Business/Social/Professional Organizations Affiliations _____

Mother's Name _____ Title _____

Address (If different than above) _____

Cell _____ Email _____

Occupation _____ Employer _____

Business Address _____ Business Phone _____

Does your company match donations? _____

Other Business/Social/Professional Organizations Affiliations _____

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



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Applicant lives with _____

If separated or divorced, type of custody agreement: _____

FAMILY INFORMATION

Paternal Grandparents' Names and Titles _____

Home Address _____

City, State _____ Zip _____ Country _____

Phone Number _____ Email _____

Maternal Grandparents' Names and Titles _____

Home Address _____

City, State _____ Zip _____ Country _____

Phone Number _____ Email _____

Please list the other members of your family, their age, the name of the school they are currently attending:

Name	Ages	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

With which shul is your family currently associated with?

Name	Address	Phone	Rabbi
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL INFORMATION

List areas of special talent or interest _____

List any extra-curricular activities _____

Has the applicant ever had an educational, neurological, 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

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



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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: _____

Does your son have access to a personal electronic device with data or Wi-Fi capability? _____

TUITION INFORMATION

Tuition for the 2024-2025 school year is \$18,500.

Will you be applying for financial aid? Yes No

ALL APPLICANTS MUST:

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

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.

Signature of parent/guardian

Date



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Menahel's Report

STUDENT EVALUATION

Student Name:
School Name:
School phone #:

Comments:

	Scale				
	P o o r	Good			E x c e l l e n t
1. Motivation	1	2	3	4	5
2. Academic Ability	1	2	3	4	5
3. Shmiras Hamitzvos	1	2	3	4	5
4. Leadership	1	2	3	4	5
5. Self Confidence	1	2	3	4	5
6. Concern for others	1	2	3	4	5
7. Reaction to criticism	1	2	3	4	5
8. Respect accorded by classmates	1	2	3	4	5

Signed: _____ Position: _____

Please print your name _____

How long do you know the student _____

If further information is needed you can be reached at _____

Scan and email to: yomoffice2@yofm.org

Or please return this form to:

Yeshiva of Minneapolis 3115 Ottawa Ave. S. St. Louis Park, MN 55416



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General Studies Department Report

STUDENT EVALUATION

Student Name:
Principal's name:
Number Principal can be reached at:

Comments:

	Scale				
	P o o r	G o o d			E x c e l l e n t
9. Motivation	1	2	3	4	5
10. Academic Ability	1	2	3	4	5
11. Takes studies seriously	1	2	3	4	5
12. Leadership	1	2	3	4	5
13. Self Confidence	1	2	3	4	5
14. Concern for others	1	2	3	4	5
15. Reaction to criticism	1	2	3	4	5
16. Respect accorded by classmates	1	2	3	4	5

Signed: _____ Position: _____

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Rebbi's Report

STUDENT EVALUATION

Student Name:
Rebbe Name:
Rebbe phone #:

Comments:

	Scale				
	P o o r	Good			E x c e l l e n t
17. Motivation	1	2	3	4	5
18. Academic Ability	1	2	3	4	5
19. Shmiras Hamitzvos	1	2	3	4	5
20. Leadership	1	2	3	4	5
21. Self Confidence	1	2	3	4	5
22. Concern for others	1	2	3	4	5
23. Reaction to criticism	1	2	3	4	5
24. Respect accorded by classmates	1	2	3	4	5

Signed: _____ Position: _____

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REQUEST FOR STUDENT INFORMATION From Previous school

DATE OF REQUEST: _____

STUDENT'S NAME _____

DATE OF BIRTH _____

PREVIOUS SCHOOL

(Name) _____

(Address) _____

(City/state/zip) _____

(Phone) () _____

(Fax) () _____

Please forward the following information:

1. Academic Grade Reports
2. Standardized testing results
3. Health Records
4. Any evaluations or psychological reports which would be helpful to us

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Parent's Signature