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"For young women who make a difference"



S"XC

A Nationally Recognized School of Excellence

• Registered by NYS Education Dept., Board of Regents • Accredited by Middle States Association of Colleges & Schools • Member of The College Board

APPLICATION FOR ADMISSION

Application for Grade 9 10 11 12 Date _____

1. Name _____
Last Name First Name (English & Hebrew) Middle Name S.S.#

2. Home Address _____ Tel# (____) _____
No. and Street City State Zip

3. Date of Birth _____ Place of Birth _____ Date of Arrival (if foreign) _____ # of Years in U.S. _____
Month/Day/Year City and Country

4. Father's Name _____ Occupation _____ Firm Name _____
First Name Last Name

5. Business Address _____ Tel# (____) _____ Cell# (____) _____
No. and Street City State Zip

6. Mother's Name _____ Occupation _____ Firm Name _____
First Name Last Name Maiden Name

7. Business Address _____ Tel# (____) _____ Cell# (____) _____
No. and Street City State Zip

8. Name, Address and Occupation of Guardian, if any _____

9. Name of Elementary School attended last year? _____ Address _____
Tel# (____) _____ Principal's Name _____ Date of Graduation _____

10. If you have attended more than one Elementary School, or are now attending High School, list them below:

NAME OF SCHOOL	LOCATION	DATE AND GRADE(S) OF ATTENDANCE

11. How many siblings do you have? # of brothers _____ # of sisters _____ Indicate their names, ages and school(s) attending(ed).

MERKAZ BNOS HIGH SCHOOL ■ תיכון מרכז לבנות

1400 West 6th Street Brooklyn, New York 11204 Tel: 718-259-5600 Fax: 718-259-8024

E-mail: info@merkaz.org www.merkaz.org

BAC K G R O U N D I N F O R M A T I O N

INDICA TE BRIEFLY AM O U N T O F W O R K C O M P L E T E D I N T H E F O L L O W I N G :

12. _____ ohbhs _____ h"aranuj
_____ ktrah hnhrcs _____ ohthcb
_____ eusesiuak _____ ohcu,f

13. Indicate the language(s) you speak fluently. _____

14. What language(s) do you speak at home? _____

15. List any scholastic prizes, contests or honors you have won. _____

16. In what extra-curricular activities have you participated in school (drama, music, journalism, etc?) _____

17. List your hobbies, if any. _____

18. What subjects do you like best? _____ Least? _____

19. Where did you spend your last summer? _____

20. Indicate membership in any outside organization _____

21. Indicate parents' affiliation with any communal, religious or educational organization. _____

22. Indicate the Shul which your parents attend. _____

23. What is parents marital status? Married Widowed Separated Divorced If Separated or divorced, mail should be sent to:

Name & Address _____

24. Are both parents the natural father and mother of child? Yes If not Father only Mother only Explain _____

25. Where were your parents born? Father _____ Mother _____

City

Country

City

Country

26. Does the applicant have any health or mental conditions? _____

27. Full name of maternal grandparents:

Grandfather (First & Last) _____

Grandmother (First, Last & Maiden) _____

Indicate grandparents' affiliation with any communal, religious or educational organization. _____

Indicate the shul of grandparents. _____

Full name of paternal grandparents:

Grandfather (First & Last) _____

Grandmother (First, Last & Maiden) _____

Indicate grandparents' affiliation with any communal, religious or educational organization. _____

Indicate the shul of grandparents. _____

I HEREBY CE RTIFY TH AT THE ABOVE INFORM ATION IS CORRECT AND TRUE.

SIGNA TURE O F PAREN T _____ DATE: _____

SIGNA TURE O F APPLICAN T _____ DATE: _____

ATTACH NO N-REFUNDA BLE APPLICA TION FEE O F \$75.00 (FOR O FFICE USE) _____ DATE: _____

After completing pages 1 and 2 and filling in your name on the top portion of page 4, please submit this application and the attached Principal's progress report to your principal to complete and have the application sent to our Admissions O ffice.

FOR OFFICE USE ONLY

ENTRANCE EXAMINATIONS

JUDAIC STUDIES DEPARTMENT

TEST SCORES _____

GENERAL STUDIES DEPARTMENT

ENGLISH TEST SCORES _____

MATH TEST SCORES _____

OTHER _____

INTERVIEW DATA:

Interviewed by _____ Date _____ Time _____

Remarks _____

Judaic Studies Principal: _____

General Studies Principal: _____

PRINCIPAL'S PROGRESS REPORT

Name of Applicant _____

The principal of Judaic and General Studies Departments are asked to complete the form below and mail the application to our school.

We are interested not only in the school record of the applicant, but also in your comments and those of her teachers. Any special information or suggestion will be welcome. All information will be treated as confidential and will be accessible only to administrative officers of our High School.

JUDAIC STUDIES DEPARTMENT

_____ ,ubhhymv
 _____ ,uburaf
 _____ vshea
 _____ ,h,s vdvbv
 _____ ,uhahtjwsn
 _____ ,urgv

Signature _____
Principal, Judaic Studies Department

GENERAL STUDIES DEPARTMENT

Scholastic Achievement _____

Scholastic Ability _____

Effort and Diligence _____

Aptitude Tests _____ Date Administered _____ I.Q. _____

Achievement Tests:

Tests _____ Date Administered _____ Grade Level _____

Tests _____ Date Administered _____ Grade Level _____

Tests _____ Date Administered _____ Grade Level _____

Remarks _____

Signature _____
Principal, General Studies Department