



CHECK ONE:  5th  6th  7th  8th  9th  10th  11th  12th

**Beth Tfiloh** Dahan Community School /admission@bethtfiloh.com / 410.486.1905

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

Year of Entrance: \_\_\_\_\_

**Applicant Information**

Name of Applicant: \_\_\_\_\_  
LAST/FIRST/MIDDLE/NICKNAME

Hebrew Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
NUMBER/STREET NAME/APARTMENT OR UNIT NUMBER

\_\_\_\_\_  
CITY/STATE/ZIP

Home Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Female  Male

Synagogue Membership: \_\_\_\_\_

Applicant lives with:  Father  Mother  Guardian  Other Specify: \_\_\_\_\_  
 Parents are divorced  Parents are separated

Present School and Phone No.: \_\_\_\_\_ Present Grade: \_\_\_\_\_

**Family Information**

Parent/Guardian Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

Day/Evening Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Religion: \_\_\_\_\_

By Birth  By Conversion

Parent  attended  graduated from BT. Year(s): \_\_\_\_\_

Names of Grandparents: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

Day/Evening Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Religion: \_\_\_\_\_

By Birth  By Conversion

Parent  attended  graduated from BT. Year(s): \_\_\_\_\_

Please check if you wish to have Financial Aid application forms mailed to you.

All applicants are considered for enrollment regardless of requests for financial assistance.

[OVER]

BT Admission Packet / Middle/High School Application

**Previous School Experience**

NAME OF SCHOOL	GRADE	TEACHER	DATES OF ATTENDANCE

Summer Programs Attended: \_\_\_\_\_

Has the applicant applied previously?  No  Yes If yes, when? \_\_\_\_\_

Are there any special circumstances in your child's medical history, family life, or emotional development that would be helpful for us to know? \_\_\_\_\_

Has the applicant ever had any educational and/or psychological testing?  No  Yes

Please explain: \_\_\_\_\_

Number of children in family: \_\_\_\_\_

Names, ages, and schools of brothers and sisters: \_\_\_\_\_

How did parents/guardian obtain information about Beth Tfiloh? \_\_\_\_\_

Indicate name and relationship of any relatives attending or who have attended Beth Tfiloh in the past:

To whom should correspondence be sent?  Mother  Father  Guardian

**For Grades 5–12, an application fee of \$50 must accompany this application.**

**This is a non-refundable/non-transferable fee.**

Please attach a copy of the applicant's birth certificate.

**OPTIONAL** You may attach a recent photograph of the applicant in the box provided at right.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE/DATE

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE/DATE

