



Dear Parent(s),

Thank you for your interest in Mesivta Shaarei Adirim. In order to expedite the application process, kindly return the **completed forms in their entirety** and **ALL required materials**, along with the **non-refundable** \$250.00 application fee as soon as possible.

In addition, for consideration of admission, each student is required to submit an essay (approximately 150 words, **preferably handwritten**) on what he hopes to accomplish over the next four years at Mesivta Shaarei Adirim.

For any questions and to learn more about our Yeshiva, please feel free to call me at 848-525-8825. Thank you.

Yours truly,

Rabbi Avrohom Yitzchok Ausband
Rosh Yeshiva

To have your application processed please return ALL documents fully completed and complete the checklist provided:

Via Mail: 9220 Crawford Ave Skokie, IL 60076

Email: applications@shaareiadirim.org

Application Process & Timeline

- Step 1: Submit initial application with all supporting documentation and fees
- Step 2: Visit the Yeshiva
 - Faher* and interview with the Hanhala
 - Entrance exam
- Step 3: Notification via email of acceptance
- Step 4: Registration fees and documents submitted

Notice of Nondiscriminatory Policy as per IRS Publication 557

Yeshiva Shaarei Adirim admits students of any race, color, national and ethnic origin to all the 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-administered programs.



Date of Application: _____

Family Information

Student Name (Last, First, Middle): _____

שם בלשון הקודש: _____

Legal Name (if different): _____

Date of Birth: _____ Place of Birth: _____ SSN: ____-____-____

Grade Applying For: _____ Applying for School Year: _____

Preferred Languages Spoken: _____

Parents' Marital Status: ___ Married ___ Separated ___ Divorced ___ Remarried ___ Widowed

Please include date of change to marital status: _____

Name of Legal Guardian(s) & Relationship(s) to Student: _____

Student's Home Address (*street, city, state, zip, country*): _____**Father**

___ Living ___ Deceased (Date: _____) Title: ___ Rabbi ___ Dr. ___ Mr.

Name (Last, First, Middle): _____

Shul: _____ Family Rav & Phone #: _____

Address (if different from student's): _____

Home Phone: (____)____-____ Cell Phone: (____)____-____

Email: _____

Occupation: _____ Employer: _____

If remarried: Name of Spouse: _____



Mother

___ Living ___ Deceased (Date: _____) Title: ___ Mrs. ___ Dr. ___ Ms.

Name (Last, First, Middle): _____ Maiden Name: _____

Address (if different from student's): _____

Home Phone: (____)____ - _____ Cell Phone: (____)____ - _____

Email: _____

Occupation: _____ Employer: _____

If remarried: Name of Spouse: _____

Siblings

Name	Age	Most recent Yeshiva/School/Seminary
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Academic Information

Current School: _____

Contact Person: _____ Phone: (____)____ - _____

Principal: _____ Phone: (____)____ - _____

Current Rebbe: _____ Phone: (____)____ - _____

List all previous schools attended (including preschool):

School	Grade Attended	Year Attended	Contact Person	Phone Number

Student Information

Please complete all questions. If a question does not apply, please write "n/a" or "none."

Please list Extracurricular Activities



Please list Interests, Skills, & Talents (i.e. music, sports)

Please discuss any challenges in the following areas:

Academic

Physical

Social/Emotional

Is your child eligible to receive or has received special services? No ___ Yes ___ Please list.

Does your child have/had any educational testing, psychological testing, or a current/prior IEP (Individual Education Plan)? ___ Yes ___ No

Dates: _____

If yes, please include a copy.



Medication/Therapy

Choose one:

- Not applicable. Please check and continue to next section
- Applicable. Please check and fill out.

Please list all medications (current and past)

Medication	Dates Utilized	Reason	Prescribed by	Phone Number

Does your son comply with taking his prescribed medication:

- Compliant
- Neutral
- Reluctant
- Resistant

Does your son see a therapist or mentor or has seen one in the past? ___Yes ___No

If so:

Name: _____ Dates of Service _____ Phone: (____) _____

Consent and Release of Records

I hereby agree to provide Mesivta Shaarei Adirim with accurate and current information concerning my child, Print: Name of Student _____

I also grant permission for appropriate Yeshiva personnel to contact included, but not limited to, institutions and professionals in this application, and for release to the Yeshiva of all transcripts, report cards, standardized test results, and other relevant records, including educational and psychological evaluations and I.E.P.s for my child. Records received as a result of this application become part of the student's confidential permanent file at the time of enrollment.

_____ Print Name of Legal Guardian

_____ Signature

_____ Date



Financial

Person responsible for finances:

Name: _____ Phone: (____)____ - _____

Email: _____

APPLICATION CHECKLIST (Must be completed for your application to be processed)

- \$250.00 [Non-Refundable Application Fee](https://pay.banquest.com/shaareiadirim) (https://pay.banquest.com/shaareiadirim). Please note 'application' in the comment box
- Student's Handwritten 150 Word Essay
- Completion of pages 1 through 6 in their entirety
- Signature in the *Consent & Release of Records* Agreement
- Copies of educational testing, psychological testing, or IEP (Individual Education Plan) (if applicable)
- Photo of Bochur (without a hat)
- Current School Page or, Forwarded to current school

PLEASE NOTE: Withholding any medical condition or knowingly misrepresenting any condition voids acceptance to Shaarei Adirim retroactively with no refund of any payments made.



Student Essay

Each student is required to submit an essay (approximately 150 words, **preferably handwritten**) on what he hopes to accomplish over the next four years at Mesivta Shaarei Adirim.

**To Be Completed by Student's Current School (2 pages)**

Date: _____

Parents: Please forward this page to your child's current school for completion. The complete form must be received in order to process your application for admission.

Student Name: _____ Parent/Guardian Name: _____

School Name: _____ Phone: (____)____ - _____

School Address (*street, city, state, zip, country*): _____

Name of Person Complete Form: _____ Position: _____

Phone: (____)____ - _____ Email: _____

Dear Menahel,

Please attach a copy of the student's report card and achievement test scores for the last two years (Limudei Kodesh and Limudei Chol) and transcript (if applicable). In addition, please complete the form below and return it to our office as soon as possible as it is a requirement for application to our Yeshiva. Your assistance is greatly appreciated.

Assessment of Character Please use a scale of 1(lowest) to 5 (highest)

_____	_____	_____	_____	_____	_____
Integrity	Behavior	Effort	Following instructions	Dealing with fellow students	Readiness for higher learning

Assessment of Capabilities Limudei Kodesh Please use a scale of 1(lowest) to 5 (highest)

_____	_____	_____	_____	_____	_____
Iyun	Bekius	Chumash and Rashi	TaNACH	Halacha	Mussar and Hashkafa

**Assessment of Capabilities Limudei Chol/Secular Studies**

Please use a scale of 1(lowest) to 5 (highest)

English Composition	Grammar	Math	Science	Social Studies
------------------------	---------	------	---------	----------------

Is the student ready for the life of a Yeshiva bochur?

Please use a scale of 1(lowest) to 5 (highest) and explain: _____

Please list any special student services the student has received.

Please recommend special student services you feel the student should receive:

Please provide additional information that may be beneficial for determining an appropriate placement for the student:

Does the student have difficulty/resistance wearing a hat and jacket because of sensory challenges or any other? Please explain:

- I have included the student's English and Hebrew report cards for the last two years.
- I have included the student's transcript, or Transcript is not applicable.

Signature of Person Completing this Form: _____

Signature of Menahel: _____

For any questions, please contact Rabbi Avrohom Yitzchok Ausband at 848-525.8825.

Please return to 9220 Crawford Ave Skokie, IL 60076 or applications@shaareiadirim.org.