

YESHIVA OHR SIMCHA OF ENGLEWOOD ישיבה אור שמחה ד'ענגלוואד

בית מדרשו של ראש הישיבה הרב יוסף שטראספעלד זצ"ל

RAV YESHAYAHU STRASSFELD
Rosh HaYeshiva

RABBI ELCHONON BUTRIMOVITZ
Menahel

RABBI ELIYAHU DWORETSKY
Rosh Mesivta

RABBI MENACHEM STRASSFELD
Sgan Menahel

RABBI SIMCHAH SCHWARTZ
Mashgiach

Dear Parent(s),

Thank you for requesting an Application for Admission to Yeshiva Ohr Simcha for your son for the 2020-2021 school year.

In order for your application to be processed, we need to receive **all** the required paperwork, which consists of the following items.

- Application - must be filled out **completely**, including the home and cell phone number of your son's Rebbe.
- A passport size photo of your son **must** be attached to the Application.
- Rebbe's Report – to be filled out and returned by the Rebbe.
- Principal's Report - to be filled out and returned by the English Principal.
- Report Card - most current Hebrew and English Report Cards for this school year.
- Application fee of \$100 payable to Yeshiva Ohr Simcha.

If you have any questions or need any further assistance, please feel free to call the Yeshiva at (201) 816-1800, ext. 104.

Thank you.

Sincerely,

אליהו ש. דווארצקי
הרב אליהו ט. דווארצקי
ראש מתיבתא

ישיבה אור שמחה
הרב ישעיה שטראספעלד
ראש הישיבה

P.S. Please be aware that, upon consulting with gedolim, the yeshiva's policy is that all bochorim must be fully vaccinated according to the guidelines of the NJ Health Dept. and no religious exemptions will be accepted.



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101 W. FOREST AVENUE · ENGLEWOOD, NEW JERSEY 07631
TEL. (201) 816-1800 · FAX (201) 567-6013 · yeshivaoh@aol.com

**APPLICATION FOR ADMISSION IN
אלול תש"פ**

**PLEASE
ATTACH
PHOTO OF
APPLICANT**

GRADE APPLYING FOR

AN APPLICATION FEE OF \$100 PAYABLE TO
YESHIVA OHR SIMCHA OF ENGLEWOOD
IS REQUIRED IN ORDER TO PROCESS THE APPLICATION.

APPLICANT'S NAME _____ D.O.B. _____
LAST FIRST MIDDLE HEBREW

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ FATHER'S CELL _____ MOTHER'S CELL _____

FAX _____ E-MAIL _____ SUMMER PHONE (IF DIFFERENT) _____

APPLICANT'S CITIZENSHIP STATUS: U.S CITIZEN _____ FOREIGN CITIZEN _____ DUAL CITIZENSHIP _____

MARITAL STATUS: _____MARRIED _____DIVORCED _____SEPARATED _____WIDOWED

FATHER'S NAME _____ OCCUPATION _____

COMPANY NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MOTHER'S NAME _____ OCCUPATION _____

COMPANY NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PATERNAL GRANDPARENTS _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MATERNAL GRANDPARENTS _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERSON TO CONTACT IN EVENT OF EMERGENCY (OTHER THAN PARENT) _____

EMERGENCY PHONE NUMBER OF CONTACT PERSON _____

SHUL ATTENDED BY FAMILY _____

ROV'S NAME & HOME PHONE NUMBER _____

(SEE REVERSE)

PLEASE LIST OTHER CHILDREN IN FAMILY

<u>NAME</u>	<u>AGE</u>	<u>SCHOOL PRESENTLY ATTENDING</u>	<u>GRADE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHO RECOMMENDED YOU TO OUR YESHIVA? NAME _____ PHONE _____

NAME OF ישיבה PRESENTLY ATTENDING _____

HEBREW GRADE _____ ENGLISH GRADE _____ HOW MANY CLASSES ARE THERE IN YOUR GRADE? _____

גמרא THE APPLICANT IS LEARNING THIS YEAR _____

NAME OF REBBI _____ REBBI'S PHONE NUMBER _____

IS APPLICANT PULLED OUT OF CLASS BY ANY OTHER REBBE? ____ YES ____ NO

IF YES, HOW OFTEN AND WITH WHOM? _____

2ND REBBE'S PHONE NUMBER _____

PLEASE LIST, IN ORDER, ALL PREVIOUSLY ATTENDED SCHOOLS:

<u>NAME OF SCHOOL</u>	<u>GRADES COMPLETED</u>
_____	_____
_____	_____

DOES APPLICANT TAKE MEDICATION? YES ____ NO ____

IF YES, PLEASE LIST ALL MEDICATIONS _____

FOR WHAT CONDITION/S IS/ARE THE MEDICATION/S? _____

HAS THE APPLICANT EVER BEEN DISMISSED FROM SCHOOL? YES ____ NO ____

(IF YOU ANSWERED YES PLEASE PROVIDE INFORMATION BELOW)

SUMMER CAMP ATTENDED SUMMER 2019 _____

SUMMER CAMP ATTENDING SUMMER 2020 _____

IN THE SPACE BELOW, YOU MAY PROVIDE US WITH ADDITIONAL INFORMATION YOU THINK MIGHT BE IMPORTANT FOR US TO KNOW.

PLEASE CHECK HERE TO CONFIRM THAT YOUR SON IS FULLY IMMUNIZED TO THE STANDARDS OF NJ HEALTH DEPT.?
(THE YESHIVA'S POLICY IS NOT TO ACCEPT ANY RELIGIOUS EXEMPTIONS.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATE:

PARENT OR GUARDIAN'S SIGNATURE _____ DATE: _____



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REBBE'S REPORT ON APPLICANT
 לימודי קודש

STUDENT'S NAME _____

KINDLY ANSWER THE QUESTIONS BELOW AND MAIL OR FAX THIS REPORT TO US AS SOON AS POSSIBLE. DESCRIBE STUDENT'S LEVEL OF ACHIEVEMENT IN EACH OF THE FOLLOWING. PLEASE ANSWER ALL THE QUESTIONS. WHERE NOT APPLICABLE, PLEASE INDICATE. PLEASE FEEL CONFIDENT THAT ALL INFORMATION PROVIDED WILL BE KEPT FULLY CONFIDENTIAL, TO BE USED BY THE YESHIVA FOR ADMITTANCE PURPOSES ONLY.

THE LEVEL OF MY SHIUR IS:

תוספות: NONE _____ SOME _____ ALL _____
 מפרשים: NONE _____ SOME _____ MAIN FOCUS _____ INSIDE _____

IN YOUR OPINION, TAKING INTO ACCOUNT THE APPLICANT'S TOTAL PERFORMANCE AT YOUR SCHOOL, HE IS

BELOW AVERAGE _____ AVERAGE _____ GOOD _____ SUPERIOR STUDENT _____

ריינקייט:	EXCELLENT _____	GOOD _____	NEEDS IMPROVEMENT _____
יראת שמים:	EXCELLENT _____	GOOD _____	NEEDS IMPROVEMENT _____
ניבול פה:	NEVER _____	SOMETIMES _____	NOT SURE _____
SMOKE/VAPE:	YES _____	NO _____	NOT SURE _____
MATURITY:	GRADE LEVEL _____	ABOVE _____	BELOW _____
WORK ETHIC:	EXCELLENT _____	GOOD _____	POOR _____
ACCEPTANCE OF AUTHORITY:	EXCELLENT _____	GOOD _____	POOR _____
CONFORMITY TO SCHOOL RULES:	EXCELLENT _____	GOOD _____	POOR _____
RELATIONSHIP WITH REBBEIM:	EXCELLENT _____	GOOD _____	POOR _____
GETS ALONG WITH CLASSMATES:	EXCELLENT _____	GOOD _____	POOR _____
BEHAVIOR IN CLASS:	EXCELLENT _____	GOOD _____	POOR _____
COMES ON TIME TO:	DAVENING _____	סדרים _____	NIGHT סדר (IF APPLICABLE) _____
MOTIVATION:	EXCELLENT _____	GOOD _____	NEEDS IMPROVEMENT _____ (please explain)
POSITIVE ATTITUDE:	ON A SCALE OF 1 – 10, WITH 10 BEING THE MOST POSITIVE _____		

DOES APPLICANT HAVE LEARNING DISABILITIES: NONE _____ NOT SURE _____ YES (please explain) _____

IS קריאה A PROBLEM: not at all _____ somewhat _____ serious _____

גמרא SKILLS: EXCELLENT _____ GOOD _____ NEEDS IMPROVEMENT _____
 (please explain)

DOES APPLICANT GET PULLED OUT FOR לימודי קודש? YES _____ NO _____

IF YES, HOW OFTEN & WITH WHOM? _____

Student's biggest מעלה _____ biggest חסרון _____

PLEASE ADD ANY OTHER INFORMATION THAT WOULD BE BENEFICIAL FOR US TO KNOW _____

REBBE'S NAME (PLEASE PRINT) _____

PHONE NUMBER WHERE REBBE CAN BE REACHED _____

BEST TIME TO REACH REBBE _____

MENAHEL'S NAME (PLEASE PRINT) _____

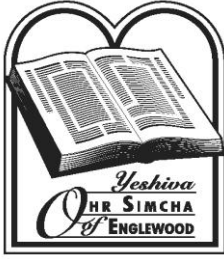
PHONE NUMBER WHERE MENAHEL CAN BE REACHED _____

BEST TIME TO REACH MENAHEL _____

NAME OF YESHIVA _____

ADDRESS _____

DATE _____ PHONE (_____) _____



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PRINCIPAL'S REPORT ON APPLICANT
לימודי חול

KINDLY ANSWER THE QUESTIONS BELOW AND MAIL THE REPORT TO YESHIVA OHR SIMCHA AS SOON AS POSSIBLE. PLEASE FEEL CONFIDENT THAT ALL INFORMATION PROVIDED WILL BE KEPT FULLY CONFIDENTIAL, TO BE USED BY THE YESHIVA FOR ADMITTANCE PURPOSES ONLY.

STUDENT'S NAME _____

NAME OF SCHOOL _____

NAME OF PRINCIPAL _____

PRESENT GRADE (PLEASE CIRCLE) 8 9 10 11

MOST RECENT MARKS: ENGLISH _____ MATH _____ SCIENCE _____ LANGUAGE _____

IN YOUR OPINION, BASED ON APPLICANT'S TOTAL PERFORMANCE, HE WILL BE: (CHECK ONE)

BELOW AVERAGE STUDENT ____ AVERAGE STUDENT ____ GOOD STUDENT ____ SUPERIOR STUDENT ____

	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	POOR
ACCEPTANCE OF AUTHORITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE TOWARDS STUDIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONFORMITY TO SCHOOL REGULATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETERMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLIGENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIP WITH FACULTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIP WITH PEERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHONE # WHERE PRINCIPAL MAY BE REACHED _____

BEST TIME TO REACH PRINCIPAL: _____

PRINCIPAL'S SIGNATURE _____ DATE: _____