APPLICATION FOR ADMISSION





APPLICATION REQUIREMENTS



ADMISSIONS CHECKLIST:	
□ Completed Application Form	
□ Recent Photograph	
□ Student Essay	
□ Principal Evaluation Form	
☐ Middle School transcripts and standardized test results	
□ \$75 non-refundable application fee	
☐ Psychoeducational evaluation or IEP completed within the past three years, where applicable	
☐ Admissions Interview An interview with the applicant and her parents will be scheduled once the application and all supporting materials have been received.	on

Applications received after January 12, 2024 will be considered on a space-available basis.

All forms should be sent to the KTA Office:

50 MONTGOMERY AVENUE BALA CYNWYD, PA 19004 WWW.KTAHS.ORG INFO@KTAHS.ORG 610-660-5010 PHONE 610-667-5005 FAX

APPLICATION INFORMATION

Today's Date			
Applying for Admission to Grade			
Please complete the application, and a 2x2 inch photograph and a \$75 (no application fee payable to Kosloff To	n-refundable)		PLEASE PLACE PHOTO HERE
Last Name	First	Middle	
Hebrew Name	Legal Name		
Street Address and Apt.	City	State	Zip
Home Phone	Student cell phone (if applicable)		
Student e-mail address			
Date of Birth	Hebrew Date of Birth		
Birthplace	Years in the U.S.	Language spoken at home	
Current School			
Address		Phone Number	
Schools Previously Attended:			
Name	City	Dates o	of Attendance

APPLICATION INFORMATION

What are your interests and hobbies?
What extra-curricular activities have you enjoyed?
What experiences have you had doing chessed and community service?
Are you affiliated with any youth groups? Please describe your involvement
How have you spent the last two summers?
Please list any scholastic prizes or honors you have received.
Please answer one of the following questions in a typed essay of approximately 250 words:

- 1. Describe a person or experience that has had a meaningful influence on your life.
- 2. Describe what you hope to gain from your high school experience and how you hope to contribute to others.

PARENT INFORMATION

FATHER'S INFORMATION MOTHER'S INFORMATION Title: ☐ Rabbi ☐ Mr. ☐ Dr. Title: ☐ Mrs. ☐ Ms. ☐ Dr. Full Name Full Name Hebrew Name **Hebrew Name Home Address** Apt. Home Address Apt. City Zip City Zip State State Home Phone Cell Phone Home Phone Cell Phone E-mail address E-mail address **Work Place** Work Place **Work Address Work Address** City Zip City Zip State State Work Phone Work Fax Work Phone Work Fax **Judaic Education Judaic Education General Education General Education**

FAMILY INFORMATION

Family Synagogue Affiliation						
Rabbi's Name	Rabbi's Phone Number					
Please check any of the following that apply: ☐ Separation ☐ Divorce ☐ Parent Deceased ☐ Parent remarried (to whom) ☐ Adoption ☐ Conversion						
Any special family circumstances or special student concerns of which the school should be aware?						
Parents or siblings who attended our school Will you be applying for scholarship? □ Yes □ No						
Please list other children in your family:						
Name	Current School	Current Grade				

KOSLOFF TORAH ACADEMY

50 MONTGOMERY AVENUE BALA CYNWYD, PA 19004 WWW.KTAHS.ORG INFO@KTAHS.ORG 610-660-5010

