



Jewish Education Trade School Yeshiva
 16601 Rinaldi Street
 Granada Hills CA, 91344
 Phone: 818-831-3000
 Fax: 818-831-3002
 info@jetschool.org

Application For Admission

This application must be accompanied by a \$ 260.00 Processing fee.

PLEASE NOTE: ACCEPTANCE TO J.E.T.S. IS WITH THE UNDERSTANDING THAT THERE IS FULL COMPLIANCE WITH THE RULES

PART I – To be completed by parent

Student Information

Name _____
Last First Middle

Permanent Address _____
Number Street Apartment #

City State Country Postal/Zip code

Telephone Fax e-mail (important)

Date of Birth ___/___/___ / **place of birth** _____ **Citizenship** _____
M D Y

Name on passport or I.D. if different than above _____

Passport or I.D. # _____ **Expiration Date on passport or I.D.** ___/___/___ **Social Security #** _____ - _____ - _____
M Y

Picture

Parental Information

Mr. Dr.
Fathers Name Rabbi _____
First Last

Mothers Name _____
First Maiden

If Applicant lives with a guardian _____
Name Phone number

Relationship Address

Emergency Contact _____
Name Phone number Relationship

Fathers Occupation _____
 Employer _____ Business Address _____ Phone _____

Mothers Occupation _____
 Employer _____ Business Address _____ Phone _____

For torah reading purposes
 Son's full hebrew name _____ Fathers full hebrew name _____

MaritalStatus
 Married
 Separated
 Divorced
 Other _____

PART II – To be completed by parent

Names of Brothers and Sisters	M/F	Age	School

List all the schools that the applicant has attended for the past three years:

Name of school	Grade	Principal

Please describe your son’s learning strengths and limitations: _____

Please describe your son’s social strengths and limitations: _____

Please describe your son’s midos tovos: _____

Please list your son’s extracurricular interests: _____

If applicable describe your son’s special learning needs: _____

If applicable describe your son’s special physical or emotional needs: _____

While JETS is primarily designed as a college-age program, some older high school students are accepted. If applicant is still in high school, please provide information on the maturity of the applicant and why you see the applicant as a fit candidate for a college-type program.

Please list any professionals who may have worked with special needs of the applicant, including counselors, psychologists, medical doctors, educational or other therapists, tutors, or others: _____

Parents, please describe your child’s ATTITUDE in the following areas: (use)

	1	2	3	4	5
Yiras Shamayim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty and Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list your child's Menahel and Rabbi or teacher of last school attended:

Menahel: _____ School: _____ Telephone: (_____) _____

Address: _____

Teacher: : _____ School: _____ Telephone: (_____) _____

Address: _____

List two persons involved in your child's Jewish Education, from whom you have obtained letters of recommendation:

Name: _____ Position: _____ Telephone: (_____) _____

Address: _____

Name: _____ Position: _____ Telephone: (_____) _____

Address: _____

PART III – To be completed by applicant

Describe the extent of your education/knowledge in the following subjects:

Scale 1 through 5; 1 being the lowest and 5 being the highest (use)

Hebrew	1	2	3	4	5	Comments
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tanach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mishna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gemarah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jewish Philosophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jewish History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows xp/vista	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Powerpoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

