



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  )

<b>Hebrew</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Comments</b>
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"/>	
<b>Tanach</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mishna</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Gemarah</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Jewish Philosophy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Jewish History</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>English</b>	<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"/>	
<b>Math</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Computers</b>	<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"/>	

If some time elapsed since you last attended school, how have you spent it ? \_\_\_\_\_

How have you spent the last two summers? \_\_\_\_\_

Briefly describe the material in the following areas last year:

Gemarah \_\_\_\_\_

Chumash \_\_\_\_\_

Nach \_\_\_\_\_

Halacha \_\_\_\_\_

Jewish Philosophy \_\_\_\_\_

What other factors would you like us to consider in evaluating your application form? \_\_\_\_\_

Please write an essay describing why you want to join our Yeshiva. Feel free to include some of your accomplishments. What are your goals both religiously and academically? (Use additional paper if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attendance at Jewish Educational Trade School is dependent upon the maintenance of regular and satisfactory work. Each student is required to become familiar with and abide by all the rules and regulations of Jewish Educational Trade School.

**There are a limited number of places available in our program. To avoid delay in processing your application, please make certain that the following items reach us as soon as possible:**

- 1) COMPLETED APPLICATION FORM**
- 2) TWO LETTERS OF RECOMENDATION**
- 3) \$260 PROCESSING FEE**
- 4) RECENT PHOTOGRAPH OF APPLICANT**

J.E.T.S. receives many applications for enrollment each year and must turn away many applicants due to lack of space. On approval of a student's application a space is reserved for that student for the entire school year. Therefore, the annual tuition fee is not prorated but is due and payable in full before the student arrives at J.E.T.S. and is nonrefundable. In this way, just as J.E.T.S. makes a commitment to each student for the entire year, each student and his family commits to abiding by the rules and guidelines of J.E.T.S. so that he may occupy the space reserved for him for the entire year. While there are many different Yeshivas and schools for Jewish Teenagers, J.E.T.S. is not, and makes no representation to be for every student. Approval for the student's application is based on the information provided by the student and parents/guardian. If J.E.T.S. accepts a student, and information is found to be incomplete, inaccurate, or untrue J.E.T.S. maybe forced to return the student to his parents/guardians and will be entitled to retain the tuition in full as liquidated damages. This is unpleasant for the student, his family, and J.E.T.S. so please be as accurate and truthful as possible.

**I have completed all of the information requested on this form.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or Guardian