



# WESTCHESTER HEBREW HIGH SCHOOL

לב נבון יבקש דעת

856 ORIENTA AVENUE | MAMARONECK, NEW YORK 10543-4797  
914.698.0806 x308 | FAX: 914.698.1330 | admissions@whhsny.org



COMPLETED APPLICATION MUST BE SUBMITTED BY NOVEMBER 25th

## APPLICANT INFORMATION Entering Grade

Name of Student  Male  Female

FIRST MIDDLE LAST

Hebrew Name

Home Address Apt. No.

City/State Zip Code

School District

Social Security # Date of Birth Place of Birth

Student's Email Address Student's Cell Phone

Additional Language(s) Spoken at Home

## PREVIOUS EDUCATION

**Current School**

Dates of Attendance Grades Attended

**Previous School**

Dates of Attendance Grades Attended

**Previous School**

Dates of Attendance Grades Attended

### Westchester Hebrew High School Application For Admission Checklist

*We thank you for your interest in Westchester Hebrew High School and look forward to getting to know you and your family.  
The deadline for submission of all application materials is November 25th*

**Please note the following:**

- A non-refundable application fee of \$125 must accompany this application.
- All applicants must register for the entrance examination administered by the Board of Jewish Education of Greater New York (Jewish Education Project).
- The completed Teacher Recommendation Form and the records requested on the Permission for Release of Student Records Form are due by the November 25th deadline.
- An on-campus student interview and a meeting with the student's parent(s) will be scheduled once your application is complete.
- Families who intend to seek financial aid should contact the Business Office by phone at 914.698.0806 ext. 301 or by email to businessoffice@whhsny.org. Please note that tuition assistance applications are processed on a rolling basis and subject to allocated annual scholarship funds. Consequently, these applications and required documentation must be received by January 6th.

## FAMILY INFORMATION

### Father

Mr.  Dr.  Rabbi

FIRST MIDDLE LAST

HEBREW NAME

Home Address

Email Address

Home Phone

Cell Phone

Employer

Position

Business Address

Business Phone

College Attended Degree

Graduate School Degree

Synagogue Affiliation

Parents are:  Married  Separated  Divorced

Applicant lives with:  Both parents  Father  Mother  \_\_\_\_\_

If parents are divorced, who is the legal guardian?  Father only  Mother only  Both

To whom should school correspondence be sent?  Father only  Mother only  Both

Parent(s) remarried  Yes  No Name of Stepparent(s)

### Mother

Mrs.  Ms.  Dr.  Rabbi

FIRST MIDDLE LAST

HEBREW NAME

Maiden Name

Home Address

Email Address

Home Phone

Cell Phone

Employer

Position

Business Address

Business Phone

College Attended Degree

Graduate School Degree

Synagogue Affiliation

## GRANDPARENT INFORMATION

### Paternal Grandparent(s)

FIRST MIDDLE LAST

FIRST MIDDLE LAST

Home Address

City, State, Zip

### Maternal Grandparent(s)

FIRST MIDDLE LAST

FIRST MIDDLE LAST

Home Address

City, State, Zip

Religion of Maternal Grandmother

## SIBLING INFORMATION (as of date of application)

Full Name

Birth Date

Current School

Grade

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## STUDENT QUESTIONNAIRE

Which academic classes do you enjoy the most? Explain why.

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What do you enjoy doing when you have free time?

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WHHS prides itself on valuing the individuality of each student. What qualities do you possess that you value most?

How do you plan to use them during your high school experience? (use an additional sheet of paper if necessary)

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# PARENT QUESTIONNAIRE

What are your child's academic and personal strengths and weaknesses?

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How does your child acclimate to change, both academic and social? How can we help make the transition to high school most effective?

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Has your child ever attended summer camp? If so, which one(s) and when?  
What are his or her plans for this coming summer?

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Does your child currently (or in the recent past) receive professional, psychological or emotional support?  No  Yes

If yes, please describe the nature of the support received (both in and outside of school).

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Has your child undergone any auditory, visual or other educational assessment?  No  Yes

If yes, please explain the basis for the assessment and ask that the results be forwarded to the Director of Admissions.

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List recent educational assessments:

IEP	Date
504	Date
Other	Date

What, if anything else, should we know about your child that would help us in better understanding him or her?  
(use an additional sheet of paper if necessary)

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# PERMISSION FOR RELEASE OF STUDENT RECORDS

I, \_\_\_\_\_, parent of \_\_\_\_\_, grant Westchester Hebrew High School permission to contact my child's current and past schools and to receive his or her school records, attendance records, health records, standardized achievement and/or aptitude test results, special educational evaluations or psychological reports and official transcripts reflecting courses taken and grades received.

A copy of this release form shall be valid as an original. All information received by Westchester Hebrew High School will be treated as confidential.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Parents:** Please complete this form and submit to your child's current school. We require complete records for grades 6, 7, 8.

**Schools:** Please send all school records, attendance records, standardized achievement and/or aptitude test results, the most recent report card and any year-end transcripts, educational and/or psychological evaluations with IEP and Resource Room Records (if applicable) for the applicant by **November 25th** to:

**Westchester Hebrew High School**  
856 Orienta Avenue  
Mamaroneck, New York 10543  
Attention: Director of Admissions

**All information will be kept confidential.**

# TEACHER RECOMMENDATION FORM

**To the Applicant:** Please fill in your name and the grade to which you are applying. Submit this form to a current teacher, together with a stamped envelope addressed to the Director of Admissions, Westchester Hebrew High School, 856 Orienta Avenue, Mamaroneck, NY 10543.

Name of Applicant \_\_\_\_\_

Applying for Grade \_\_\_\_\_

**To the Teacher:** Thank you for taking the time to complete this form, which must be received by November 26th. The candid information you provide will be of valuable assistance in helping us to get to know this student in order to make a thoughtful admissions decision and for potential class placement. This recommendation will be kept confidential.

Name of Teacher \_\_\_\_\_

Subject Taught \_\_\_\_\_

How long have you known this student?  
\_\_\_\_\_

How would you describe the student's overall performance in relation to his or her ability?  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on the student's conduct, class participation and interactions with both you and his or her peers.  
\_\_\_\_\_  
\_\_\_\_\_

What are the student's strengths? Weaknesses?  
\_\_\_\_\_  
\_\_\_\_\_

Please check the box which most accurately describes the student.

	Below Average	Average	Good	Excellent
Effort & Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<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"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Teacher \_\_\_\_\_

Date \_\_\_\_\_