

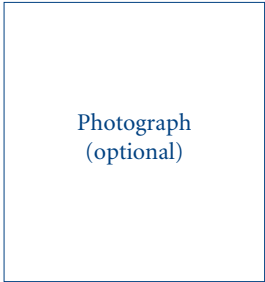
## RAMAZ MIDDLE SCHOOL APPLICATION CHECKLIST

Please use the following checklist to ensure that you have completed all of the necessary steps for the application process.

- Complete and return the Application by December 3, 2010.
- Include a non-refundable application fee of \$175.
- Submit a copy of the signed Transcript/Records Release Form to your child's current school and request that required files be submitted to the Ramaz Middle School no later than January 7, 2011.
- Submit copies of the Teacher Recommendation Forms to your child's current school. Please be sure to write your child's name at the top of the Recommendation Form.
  - Judaic Studies Recommendation Form
  - General Studies Recommendation Form
- Contact the Middle School Admissions Office to schedule your tour.
- Once we have received the application, we will contact you to schedule your child's academic and cognitive evaluations.
- If applicable, submit Financial Aid materials.

**Please remember that the Application should be submitted by December 3, 2010.  
Transcripts and recommendations should be submitted by January 7, 2011.  
Late applications will be reviewed on a space available basis.**

❖ **FOR QUESTIONS, PLEASE CONTACT:**  
Admissions Office  
Ramaz Middle School  
Phone: (212) 774-8025  
E-mail: [admissions@ramaz.org](mailto:admissions@ramaz.org)



## RAMAZ MIDDLE SCHOOL APPLICATION

Grades 5 – 8

### STUDENT INFORMATION

Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Male       Female

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Applying for Grade \_\_\_\_\_ For September 20 \_\_\_\_\_

Has the candidate previously applied to Ramaz?  Yes  No If so, when? \_\_\_\_\_

### SCHOOL INFORMATION

Current School/Program \_\_\_\_\_

Address \_\_\_\_\_

Current Grade \_\_\_\_\_

School Phone Number \_\_\_\_\_

Name of Principal/Head of School \_\_\_\_\_

Schools/Programs Previously Attended	Dates Attended
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_____	_____
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_____	_____
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_____	_____
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Camps/Summer Programs Attended	Dates Attended
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_____	_____
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_____	_____
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_____	_____
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Application Form

**FAMILY INFORMATION**

Father/Guardian Name

- Dr.
- Mr.
- Rabbi

\_\_\_\_\_

Relationship to Student \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Home Address

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

Ramaz Alumnus     Yes     No    Year \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

\_\_\_\_\_

Mother/Guardian Name

- Dr.
- Mrs.
- Ms.

\_\_\_\_\_

Relationship to Student \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Home Address (if different)

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

Ramaz Alumna     Yes     No    Year \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

\_\_\_\_\_

Are both biological parents living?     Yes     No

Parents are:     Married     Separated     Divorced

Father Remarried     Yes     No

Name of Step-parent

\_\_\_\_\_

Mother Remarried     Yes     No

Name of Step-parent

\_\_\_\_\_

If parents are separated or divorced, do parents share legal custody?     Yes     No

If parents are separated or divorced, do parents share physical custody?     Yes     No

Please provide appropriate documentation.

To whom should admissions correspondence be sent?

- Mother     Father     Both

Father:  Jewish by Birth  Jewish by Conversion

Mother:  Jewish by Birth  Jewish by Conversion

Conversion by Rabbi \_\_\_\_\_

Conversion by Rabbi \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Conversion \_\_\_\_\_

Date of Conversion \_\_\_\_\_

If your child was adopted, the conversion was performed by:

Rabbi \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

**SIBLINGS**

Name	Age	Current School/Program
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GRANDPARENTS**

Maternal \_\_\_\_\_

Paternal \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

**ALUMNI RELATIONSHIPS**

Family members who have attended Ramaz	Year Graduated	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SYNAGOGUE MEMBERSHIP**

Name(s) of Synagogue(s) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Name(s) of Rabbi(s) \_\_\_\_\_

**RELIGIOUS OBSERVANCE**

Does the applicant regularly attend synagogue services?  Yes  No

Do parent(s)/guardian(s) regularly attend synagogue services?  Yes  No

What is the family's current practice with respect to religious observances?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN RECOMMENDATION**

We are interested in the applicant as an individual. With this in mind, please describe in detail some special interest, experience, talent, achievement or anything else you would like us to know about him/her. (Please use a separate sheet of paper for your response.)

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please enclose a non-refundable \$175 application fee made out to The Ramaz School.  
Please complete and return application by December 3, 2010.**

Tuition assistance is awarded on the basis of need.  
All applications are considered for admission independent of a request for tuition assistance.  
Please note that our application and related forms can be downloaded. Please visit our website at [www.ramaz.org](http://www.ramaz.org).

 **FOR INFORMATION, PLEASE CONTACT:**  
Admissions Office  
Ramaz Middle School  
Phone: (212) 774-8025  
E-mail: [admissions@ramaz.org](mailto:admissions@ramaz.org)

## RAMAZ MIDDLE SCHOOL TRANSCRIPT/RECORDS RELEASE FORM

**Parent:** Please sign and submit this form to your child's current school.

**Principal/Head of School:** Please send the records for \_\_\_\_\_  
to the Admissions Office. (student name)

These records should include:

- Report cards of two prior school years
- Current semester report card
- Results of student's most recent standardized test scores (if applicable)
- Attendance Record
- IEPs and/or Resource Room Records (if applicable)

Please feel free to include any other relevant information

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For the application to be complete, all materials must be received by January 7, 2011. However, we would like to request that they be submitted as soon as possible so that we may begin reviewing the file.

I authorize my child's current school to release information to the Ramaz Middle School Admissions Office. I understand that all the material shared with the Admissions Office is confidential.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

❖ **FOR FURTHER INFORMATION, PLEASE CONTACT:**  
Admissions Office  
The Ramaz School  
60 East 78th Street  
New York, NY 10075  
Phone: (212) 774-8025  
E-mail: admissions@ramaz.org

Recommendation Form

**RAMAZ MIDDLE SCHOOL  
TEACHER RECOMMENDATION (GENERAL STUDIES)**

**Parent:** Please give this recommendation form to your child's general studies teacher.

**Teacher:** Thank you for taking the time to complete this recommendation form. Please return this form directly to our office. All information is confidential and will be used only for admissions purposes.

Name of Student \_\_\_\_\_

Current School \_\_\_\_\_

Class Size \_\_\_\_\_

Please comment on the student's academic skills.

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

Please describe the student's strengths.

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

Please describe areas in need of development.

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

Please describe the student's interests.

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Please describe the student's social skills.

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Do you know any reason why this student could not thrive in our dual curriculum?

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

Additional Comments:

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Name of Teacher \_\_\_\_\_ (Please print) Subject Taught \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return by January 7, 2011 to:

◆◆◆ Admissions Office  
The Ramaz School  
60 East 78th Street  
New York, NY 10075  
Phone: (212) 774-8025  
E-mail: admissions@ramaz.org

Recommendation Form

**RAMAZ MIDDLE SCHOOL  
TEACHER RECOMMENDATION (JUDAIC STUDIES)**

**Parent:** Please give this recommendation form to your child's Judaic studies teacher.

**Teacher:** Thank you for taking the time to complete this recommendation form. Please return this form directly to our office. All information is confidential and will be used only for admissions purposes.

Name of Student \_\_\_\_\_

Current School \_\_\_\_\_

Class Size \_\_\_\_\_

Please comment on the student's academic skills.

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

Please describe the student's strengths.

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

Please describe areas in need of development.

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

Please describe the student's interests.

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Please describe the student's social skills.

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Do you know any reason why this student could not thrive in our dual curriculum?

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

Additional Comments:

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Name of Teacher \_\_\_\_\_ Subject Taught \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return by January 7, 2011 to:

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New York, NY 10075  
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