

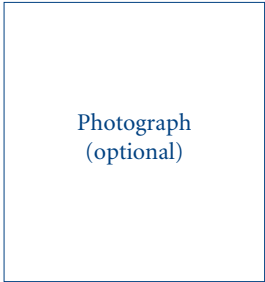
RAMAZ UPPER SCHOOL APPLICATION CHECKLIST

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

- Complete and return the Application by December 3, 2010.
- Submit a copy of the signed Transcript/Records Release Form to your child's current school and request that required files be submitted to Ramaz no later than January 7, 2011.
- Include a non-refundable application fee of \$150.
- 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.
- Contact the Upper School Admissions Office to schedule a parent tour.
- Once we have received the application we will call you to schedule a student interview.
- Arrange for your child to take the Board of Jewish Education (BJE) exam.
- 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 Upper School
Phone: (212) 774-8093
E-mail: admissions@ramaz.org



RAMAZ UPPER SCHOOL APPLICATION

Grades 9 – 12

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
_____	_____
_____	_____
_____	_____

Camps/Summer Programs Attended	Dates Attended
_____	_____
_____	_____
_____	_____

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.

If you would like your child to be considered for the Ramaz Scholars Program, please be sure your essay provides a brief description of your child's interest/passion and how he/she has demonstrated a dedication to this pursuit.

(Please use a separate sheet of paper for your response.)

We would like our child to be considered for the Ramaz Scholars Program (applicant to 9th grade only)

Parent's/Guardian's Signature _____

Date _____

Parent's/Guardian's Signature _____

Date _____

**Please enclose a non-refundable \$150 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.

❖ **FOR INFORMATION, PLEASE CONTACT:**
Admissions Office
Ramaz Upper School
Phone: (212) 774-8093
E-mail: admissions@ramaz.org

RAMAZ UPPER 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 Ramaz Upper School 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.

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 Upper 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
Ramaz Upper School
60 East 78th Street
New York, NY 10075
Phone: (212) 774-8093
Email: admissions@ramaz.org

RAMAZ UPPER SCHOOL TEACHER RECOMMENDATION (GENERAL STUDIES)

Parent: Please give this recommendation form to the principal or head of your child's school for distribution to the appropriate teacher.

Principal or Head of School: Please give this recommendation form to one of the student's general studies teachers.

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

Name of Student _____ Date _____

Current School _____ Subject _____

Name of Teacher _____

Please check the single most appropriate box in each of the listed categories. Consider the student in terms of the grade as a whole.

	No Basis	Below Average	Average	Good	Excellent	Outstanding
Academic Motivation						
Effective class engagement						
Intellectual/academic ability						
Organized						
Concern for others						
Independence						
Reaction to setbacks						

Please feel free to include any other relevant information such as student strengths, obstacles, or difficulties overcome by student.

Signature _____

Please return in the enclosed envelope no later than January 7, 2011.

❖ Admissions Office
 Ramaz Upper School
 60 East 78th Street
 New York, NY 10075
 Phone: (212) 774-8093
 E-mail: admissions@ramaz.org

RAMAZ UPPER SCHOOL TEACHER RECOMMENDATION (JUDAIC STUDIES)

Parent: Please give this recommendation form to the principal or head of your child's school for distribution to the appropriate teacher.

Principal or Head of School: Please give this recommendation form to one of the student's Judaic studies teachers.

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

Name of Student _____ Date _____
 Current School _____ Subject _____
 Name of Teacher _____

Please check the single most appropriate box in each of the listed categories. Consider the student in terms of the grade as a whole.

	No Basis	Below Average	Average	Good	Excellent	Outstanding
Academic Motivation						
Effective class engagement						
Intellectual/academic ability						
Organized						
Concern for others						
Independence						
Reaction to setbacks						
Religious commitment						

Please feel free to include any other relevant information such as student strengths, obstacles, or difficulties overcome by student.

Signature _____

Please return in the enclosed envelope
 no later than January 7, 2011.

❖ Admissions Office
 Ramaz Upper School
 60 East 78th Street
 New York, NY 10075
 Phone: (212) 774-8093
 E-mail: admissions@ramaz.org