

APPLICANT LAST NAME .....

FAMILY LAST NAME .....



FUCHS MIZRACHI SCHOOL

## APPLICATION FORM



*Building the Jewish future.  
One child at a time.*

## MISSION STATEMENT

The mission of Fuchs Mizrahi School is to educate each child, in conjunction with their families, in the Orthodox Jewish / Religious Zionist tradition, imbued with the love of G-d, Torah, people, and the land of Israel. The aim of our school is to produce students who are fully committed to Torah and *mitzvot*, who succeed in many different professions in the larger society, and who have the skills and the sense of responsibility and *ahavat Yisrael* to assume leadership positions both in America and in Israel. Academic excellence in both Judaic and General Studies that meets the individual needs of each of our students is at the heart of our enterprise. We strive to prepare each student to enter and excel at the finest *yeshivot* and universities, while we work to foster a sense of identity and achievement in accordance with each child's unique talents and abilities.

### **MAIN CAMPUS**

2301 FENWICK ROAD  
UNIVERSITY HEIGHTS, OHIO 44118  
216/932-0220  
FAX 216/932-0345

### **EARLY CHILDHOOD CENTER**

25400 FAIRMOUNT BOULEVARD  
BEACHWOOD, OHIO 44122  
216/378-9401  
FAX 216/378-1895

**[WWW.FUCHSMIZRACHI.ORG](http://WWW.FUCHSMIZRACHI.ORG)**



## INSTRUCTIONS AND PERTINENT INFORMATION

### **Notice:**

This application is a request for admission. It becomes binding upon the parents and the school only when the applicant has been formally interviewed and accepted and a contract has been signed.

- **Please fill out the application completely. Please print clearly.**
- **For applicants entering Grades 1-12, AN APPLICATION FEE of \$25 PER CHILD must accompany this application. This fee is non-refundable.**
- **For applicants entering Pre-Nursery - Grade 12, a student visit must be arranged. During this visit, the applicant will spend time in the classrooms, will meet the teachers, and will have a personal interview with the appropriate department head.**

### **All applications and correspondence should be mailed to:**

Dr. Lisa M. Zashin  
Director of Admissions  
2301 Fenwick Road  
University Heights, Ohio 44118  
216/932-0220, ext.112  
Fax 216/932-0345  
[lzashin@fuchsmizrachi.org](mailto:lzashin@fuchsmizrachi.org)

**INSTRUCTIONS:**

**Step 1:** Tear this page out. This page will need to be sent to the school your child is CURRENTLY attending.

**Step 2:** Please complete the Release of Records Authorization section below and sign.

**Step 3:** Give this form to a school official-principal, counselor, etc. at the school your child is CURRENTLY attending.

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To be filled out by the parents of the applicant.

(Please print)

Applicant's name \_\_\_\_\_  
Last First Middle

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

Applying for admission to the \_\_\_\_\_ grade for the 20\_\_\_\_ school year.

*I give permission for you to release my child's school records to Fuchs Mizrahi School. I understand that the records will include academic reports and grades, standardized test results, and other pertinent school information which is a part of my child's school file.*

Signed \_\_\_\_\_ Relationship to child \_\_\_\_\_

**To the school official-principal, counselor, etc.:** Please complete the Prior School Information form on the back and include the following information when sending to Fuchs Mizrahi School:

- Transcripts, including grades to date in current subjects
- Copies of report cards (including teacher comments)
- All standardized test scores

**For the Lower School (Grades 1-6):**

We require the above items for all the years the student has been in the Lower School.

**For the Upper School (Grades 7-12):**

We require the above items for the current year and the previous two years.

**PRIOR SCHOOL INFORMATION - TO BE SENT TO THE SCHOOL YOUR CHILD IS CURRENTLY ATTENDING**

Student's name: \_\_\_\_\_

**To the Principal or Counselor:**

The student named above is applying to Fuchs Mizrahi School and requests that you complete this form. We are aware of how much time forms of this sort require, and we sincerely thank you for your help. Your statement will become part of our confidential admissions file to be used by those involved in our admissions decision process. At no time will the applicant or his/her parents have access to it.

(1) The student has attended your school for \_\_\_\_\_ years, beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

(2) Length of time acquainted with the student? \_\_\_\_\_

(3) Has the student received any special personal and/or academic support at your school (tutoring, counseling, medical, etc.)? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Has the student distinguished himself/herself in any way (academically, athletically, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) Are there any special circumstances of which we should be aware? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Signature of school official \_\_\_\_\_ Date \_\_\_\_\_

**Please send or fax the Release of Records form / Prior School Information pages and the required transcripts, report cards and standardized test scores as soon as possible.**

**(see below for pertinent information)**

**Thank you for your attention in this matter.**

**Please mail or fax to:**

**FUCHS MIZRACHI SCHOOL • 2301 Fenwick Road • University Heights, Ohio 44118 • 216/932-0220 • Fax 216/932-0345**

**Attn: Dr. Lisa M. Zashin, Director of Admissions**

## (1) APPLICANT

(Please print)

Applicant's name \_\_\_\_\_  
Last First Middle Name at school

Full Hebrew name \_\_\_\_\_

Applying for grade \_\_\_\_\_ Gender:  Male  Female Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Hebrew date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

School address \_\_\_\_\_ School phone \_\_\_\_/\_\_\_\_ - \_\_\_\_\_

## FAMILY INFORMATION

### (2) PARENT(S)

#### FATHER

Dr.  Mr.  Rabbi

\_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_

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

Home phone \_\_\_\_/\_\_\_\_ - \_\_\_\_\_

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

Occupation/Position \_\_\_\_\_

Name of employer \_\_\_\_\_

Business address \_\_\_\_\_

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

Business phone \_\_\_\_/\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Cellular phone \_\_\_\_/\_\_\_\_ - \_\_\_\_\_

#### MOTHER

Dr.  Mrs.  Ms.

\_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_

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

Home phone \_\_\_\_/\_\_\_\_ - \_\_\_\_\_

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

Occupation/Position \_\_\_\_\_

Name of employer \_\_\_\_\_

Business address \_\_\_\_\_

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

Business phone \_\_\_\_/\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Cellular phone \_\_\_\_/\_\_\_\_ - \_\_\_\_\_

### (3) SIBLING(S)

Name \_\_\_\_\_ Age \_\_\_\_\_

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

### (4) PREVIOUS SCHOOL INFORMATION

Please list the school(s) that your child has attended in the past.

Name of school	From date	To date	Name of school	From date	To date
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

### (5) GRANDPARENT(S)

Name(s) of paternal grandparent(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_/\_\_\_\_-\_\_\_\_  Grandfather deceased  Grandmother deceased

Name(s) of maternal grandparent(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_/\_\_\_\_-\_\_\_\_  Grandfather deceased  Grandmother deceased

## (6) MISCELLANEOUS INFORMATION

(a) Applicant's parent(s) are currently married:  Yes - go to question (e)  
 No - go to question (b)

(b) Applicant's parent(s) are:  Separated  Divorced  Father deceased  Mother deceased

(c) If parent(s) is divorced or deceased:  Father remarried  Mother remarried

(d) Name of step-parent: \_\_\_\_\_

(e) Name and address to which school information (e.g. flyers, report cards) should be sent:

Name \_\_\_\_\_

Street address \_\_\_\_\_

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

(f) Name and address to which school billing information should be sent: (  check if same as above)

Name \_\_\_\_\_

Street address \_\_\_\_\_

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

(g) Applicant lives with:  Both parents - go to question (i)  
 Mother - go to question (i)  
 Father - go to question (i)  
 Other legal guardian - go to question (h)

(h) If living with a legal guardian:

Legal guardian name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Street address \_\_\_\_\_

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

(i) Are you applying for financial aid?  Yes  No

(j) How did you learn about Fuchs Mizrahi School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**(8) APPLICANT PERSONAL INFORMATION**

(Please print)

Applicant's name \_\_\_\_\_  
Last First Middle

(a) Are there any physical or emotional impairments of which the school should be aware? If so, please describe.

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(b) Does your child require any personal and/or academic support at home or at school (tutoring, counseling, medical, etc.)? If so, please explain. \_\_\_\_\_

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(c) What else would you like us to know about your child? If the space below is not adequate, please attach an additional page. \_\_\_\_\_

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(d) Has the applicant ever applied to or attended Fuchs Mizrahi School in the past? If yes, when? \_\_\_\_\_

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(e) Please list other schools to which you are applying. \_\_\_\_\_

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(f) Please list the method of transportation: To school \_\_\_\_\_ From school \_\_\_\_\_

**(9) EARLY CHILDHOOD PROFILE**

**TO BE FILLED OUT ONLY IF THE APPLICANT IS ENTERING THE EARLY CHILDHOOD PROGRAM.**

(Please print)

Applicant's name \_\_\_\_\_  
Last First Middle Nickname

(Check one)

- Applying for admission to:  Pre-Nursery  
 Nursery  
 Pre-Kindergarten  
 Kindergarten

for the 20\_\_\_\_ school year.

**To the Parent:**

**During the early stages in your child's life, you know your child best, and we would welcome your insight. Please describe your child in each of the following areas:**

(1) Developing self image: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Social relationships with peers and adults: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) Special needs and interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Is there any other area of concern that you would like to share with us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





TO BE FILLED OUT BY THE **CHILD** ONLY IF ENTERING GRADES 4-12.

(Please print)

Applicant's name \_\_\_\_\_  
Last First Middle Name at school Hebrew name

Current school \_\_\_\_\_

(1) List any school activities in which you have participated in the last two years and indicate the level of your involvement (e.g. Student Council, Treasurer, etc.)

Activity \_\_\_\_\_

Activity \_\_\_\_\_

Activity \_\_\_\_\_

(2) Which of your school activities is the most important to you? Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(3) What are your two favorite academic subjects in school? Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(4) List any out-of-school activities in which you have participated in the last two years and indicate the level of your involvement (e.g. piano lessons, Mishna Club, baseball).

Activity \_\_\_\_\_

Activity \_\_\_\_\_

Activity \_\_\_\_\_

(5) Which of your out-of-school activities is most important to you? Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(6) How do you usually spend your after-school and weekend free time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(7) How have you spent the last two summers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(8) **For students entering grades seven through twelve,** what goals, personal and academic, do you want to achieve while you are at Fuchs Mizrahi School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(9) **For students entering grades seven through twelve,** name and describe any awards or recognitions of distinction you have received. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(10) What else would you like us to know about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VISIT DAY - GRADES 1-12

**TEAR OUT THIS PAGE AND KEEP FOR YOUR RECORDS.**

### Visit Day -

All applicants to Fuchs Mizrachi School should plan to spend a day visiting the school.

To arrange this visit, please contact: **Dr. Lisa M. Zashin**  
**Director of Admissions**  
**2301 Fenwick Road**  
**University Heights, Ohio 44118**  
**216/932-0220, ext.112**  
**Fax 216/932-0345**  
**lzashin@fuchsmizrachi.org**

### On Your Visit Day -

Our school day begins at 8:00 am with morning davening. We ask that you arrive at school five minutes before the day begins. A student host will be assigned to be with you during your visit. You will be visiting in your current grade level and in the grade above you, when appropriate, and will have the opportunity to meet with various teachers during the day. You will be our guest for lunch. We look forward to having you as our guest at Fuchs Mizrachi School.

**My child's visit day has been scheduled for: Date \_\_\_\_\_**

## DIRECTIONS TO THE MAIN CAMPUS

**2301 FENWICK ROAD • UNIVERSITY HEIGHTS, OHIO 44118 • 216/932-0220 • FAX 216/932-0345**

### From Cleveland-Hopkins International Airport:

Merge onto OH-237 N via the ramp on the LEFT toward I-71 / CLEVELAND / I-480.

Merge onto I-480 E toward I-480 E / YOUNGSTOWN.

Take the OH-8 / NORTHFIELD RD / OH-43 /  
WARRENSVILLE RD exit- EXIT 25ABC.

Take the WARRENSVILLE RD NORTH exit- EXIT 25B- on the  
LEFT toward WARRENSVILLE HTS.

Turn SLIGHT RIGHT onto WARRENSVILLE CENTER RD.

Turn LEFT onto TRAYMORE RD.

Turn RIGHT onto FAVERSHAM RD.

Turn RIGHT onto FENWICK RD.

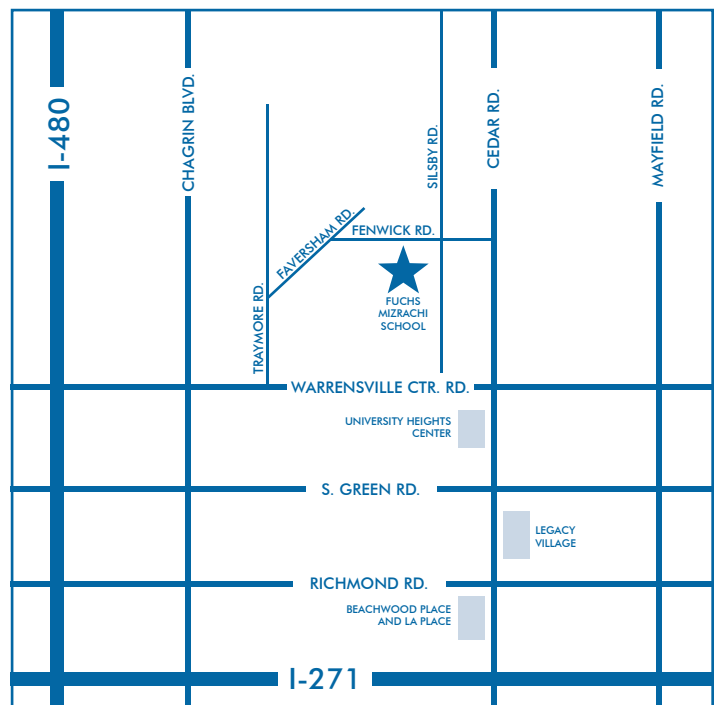
### From I-271:

Take the BRAINARD RD/CEDAR RD exit- EXIT 32- toward  
CEDAR RD.

(If coming from I-271 South) Turn LEFT onto BRAINARD RD.

Turn RIGHT onto CEDAR RD.

Turn LEFT onto FENWICK RD.



## DIRECTIONS TO THE EARLY CHILDHOOD CENTER

25400 FAIRMOUNT BOULEVARD • BEACHWOOD, OHIO 44122 • 216/378-9401 • FAX 216/378-1895

### From Cleveland-Hopkins International Airport:

Merge onto OH-237 N via the ramp on the LEFT toward I-71 / CLEVELAND / I-480.

Merge onto I-480 E toward I-480 E / YOUNGSTOWN.

Merge onto US-422 E via EXIT 26 on the LEFT toward I-271 N / ERIE PA / WARREN.

Merge onto I-271 N / US-422 W via the exit on the LEFT toward US-422 W / ERIE PA.

Take the US-422 W / CHAGRIN BLVD / OH-87 exit- EXIT 29.

Turn LEFT onto CHAGRIN BLVD / US-422 / OH-87.

Turn RIGHT onto RICHMOND RD / OH-87 / OH-175.

Turn LEFT onto SHAKER BLVD / OH-87 W.

Turn RIGHT onto SHAKERCREST BLVD.

Turn RIGHT onto FAIRMOUNT BLVD.

### From I-271:

Take the BRAINARD RD/CEDAR RD exit- EXIT 32- toward CEDAR RD.

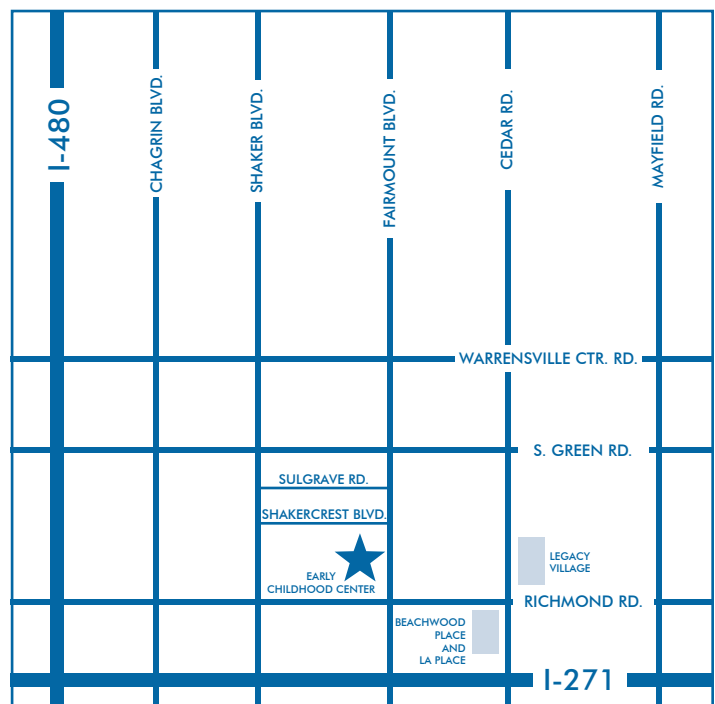
(If coming from I-271 South) Turn LEFT onto BRAINARD RD.

Turn RIGHT onto CEDAR RD.

Turn LEFT onto RICHMOND RD / OH-175.

Turn RIGHT onto FAIRMOUNT BLVD.

Make a U-TURN at SULGRAVE RD onto FAIRMOUNT BLVD.



## APPLICATION CHECKLIST

**PLEASE REVIEW AND CHECK THE FOLLOWING TO ENSURE THAT YOUR APPLICATION IS COMPLETE:**

- (1) **Release of Records / Prior School Information** form has been signed and sent to the school your child is currently attending.
- (2) For applicants entering **Grades 1-12**, the **Visit Day sheet** has been torn out for your convenience.
- (3) Please make sure your portion of the application has been completed.
  - (a) **Sections 1-8** have been completed.
  - (b) For applicants entering the **Early Childhood Program**, **section 9** has been completed.
  - (c) For applicants entering **Grades 1-6**, **section 10** has been completed.
  - (d) For applicants entering **Grades 7-12**, **section 11** has been completed.
  - (e) For applicants entering **Grades 4-12**, please make sure s/he has completed **section 12**.
- (4) For applicants entering **Grades 1-12**, please make sure you have included an **application fee of \$25** per applicant.
- (5) For applicants entering **Grades 1-12**, you have **scheduled your child's visit day** at Fuchs Mizrachi School.

For questions regarding this application or to schedule your visit day please contact:

Dr. Lisa M. Zashin  
Director of Admissions  
2301 Fenwick Road  
University Heights, Ohio 44118  
216/932-0220, ext.112  
Fax 216/932-0345  
lzashin@fuchsmizrachi.org



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