

APPLICATION FOR ADMISSION

Applicant's First Name: _____

Applicant's Last Name: _____

Date of Application : _____



caskey
torah
academy

A blueprint for inspired learning

This application is a request for admission. Please fill out the application completely. Please print clearly. A non-refundable **FEE of \$350 PER CHILD** must accompany this application.

MISSION STATEMENT

The Caskey Torah Academy of Greater Philadelphia educates boys and girls from nursery through eighth grade, with a curriculum rooted in Torah and general studies characterized by academic excellence and providing skill proficiency in all areas; Caskey Torah Academy provides a dynamic Jewish education that fosters intellectual as well as spiritual understanding and love of Torah through a commitment to its mitzvot and values. An emphasis on middot tovot infuses all aspects of school life.

Caskey Torah Academy will make every reasonable effort to provide tuition assistance to those families who demonstrate financial hardship.

By creating a climate of active intellectual inquiry in both Judaic and general studies, Caskey Torah Academy:

- Encourages exploration and understanding of the world.
- Emphasizes the responsibility of each Jew toward G-d and all people.
- Instills in its students Ahavat Yisrael - love of Israel and the Jewish people - as embracing the Land and State of Israel, and fellow Jews.
- Inculcates in its students the ideals of the American democratic heritage of freedom, justice and human dignity.
- Views each child as an individual and provides a stimulating education for students with different levels of academic ability and learning styles.
- Partners with parents to nurture each student to develop as an entire person.
- Enables and encourages students, through critical thinking, skill proficiency and substantive knowledge, to discover and excel in fields in which they can lead meaningful lives.
- Prepares its students with the skills to pursue their Judaic and General studies at the next level of learning and throughout life.

In sum, Caskey Torah Academy provides the foundation for its students to mature as Torah-observant Jews and role models who are contributing members in Jewish and general society.

CONTACT INFORMATION

All applications and correspondence should be mailed to:

CASKEY TORAH ACADEMY OF GREATER PHILADELPHIA ADMISSIONS

742 Argyle Road, Wynnewood, PA 19096

PHONE 610-642-7870

FAX 610-642-2265

E-MAIL admissions@taphila.org

ADMISSIONS POLICY

Caskey Torah Academy (CTA) welcomes applications for admission for new and transfer students at all grade levels. We welcome all Jewish children whose families desire an excellent Torah and general studies education.

Applications for admission to Caskey Torah Academy are obtained from the educational office or our website. The following steps are then followed:

- An Application Packet, accompanied by a \$350 non-refundable fee, should be submitted to the Admissions Office.
- Parents of students entering First Grade and up, must sign the "Release of Records" Form, so that they or Caskey Torah Academy may request a child's school records from all prior schools, to be sent directly to CTA.
- Parents will be connected with the Head of School and any other relevant administrators or faculty members.
- Students applying for 2nd grade and above will also be required to spend a day visiting CTA and will meet with administrators and faculty. Additional non-formal screenings may be conducted during the visit.
- Students applying for our Early Childhood Program (3Y, 4Y and Kindergarten) and 1st Grade, may be required to spend a short of time at Caskey Torah Academy and will meet with our ECP Director in an informal setting.

APPLICATION PROCESS SUMMARY

1. Complete Application Packet. Submit to Admission office with \$350 fee.
2. Sign Release of Records and send to prior school.
3. Arrange a visiting day or time if required.
4. Receive a written letter of acceptance, provisional acceptance or denial from Caskey Torah Academy.
5. The Business Office will send you all necessary paperwork.
 - Complete all required tuition and financial assistance information necessary for the business office to process your paperwork. The business office will contact you if any further information is needed.
 - For any financial arrangements that are needed, please be in touch with the business office.
6. Tuition Contracts will be sent to families as a final step. The Tuition Contract must be finalized in a timely manner or your secured placement may be lost.

EARLY CHILDHOOD CLASSES

The cut-off dates for Early Childhood classes are:

- Pre-Nursery (3Y) - child must be three years old by August 31 of the school year
- Nursery (4Y) - child must be four years old by August 31 of the school year
- Kindergarten (5Y) - child must be five years old by August 31 of the school year

In some cases, the Head of School and Early Childhood Director may provisionally accept a child born between September 1 and October 15 of that year. Parents should be in touch with the administration to discuss individual situations pertaining to their child. In such cases, one of two scenarios may occur:

1. A child born in this time frame will be placed in CTA's younger 3Y class. The child will be required to progress to the older 3Y class the following year.
2. On the recommendation of Caskey Torah Academy faculty and administration and in partnership with the parents, a child may be advanced to the 4Y program with the clear understanding that an educational evaluation may be required, at the parents expense for entry into our Kindergarten program.

Children must be completely toilet trained to attend Caskey Torah Academy.

1 APPLICANT - ALL APPLICANTS

Last Name First Name Middle Name Name to be called at school

Full Hebrew Name

Applying for admission to: Pre-Nursery (3Y) Half Day Full Day
 Nursery (4Y) Half Day Full Day
 Kindergarten

Grade _____ for the 20 ____ school year. Male Female

Age Date of Birth Hebrew Date of Birth Place of Birth

Current Grade Current School

School Phone Number School Address

Are you applying for financial aid? Yes No

2 PARENT INFORMATION

FATHER Rabbi Mr. Dr. Prof.

MOTHER Mrs. Ms. Dr. Prof.

Full Name

Full Name

Home Address Apt.

Home Address Apt.

City State Zip

City State Zip

Home Phone Cell Phone

Home Phone Cell Phone

E-mail address

E-mail address

Work Place

Work Place

Work Address

Work Address

City State Zip

City State Zip

Work Phone Cell Phone

Work Phone Cell Phone

3 SIBLING(S) - ALL

1. Name	Date of Birth
Current School	Current Grade
2. Name	Date of Birth
Current School	Current Grade
3. Name	Date of Birth
Current School	Current Grade
4. Name	Date of Birth
Current School	Current Grade
5. Name	Date of Birth
Current School	Current Grade

4 PREVIOUS SCHOOL INFORMATION

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

NAME OF SCHOOL	START DATE	END DATE
1.		
2.		
3.		
4.		
5.		

5 GRANDPARENTS

PATERNAL

GRANDFATHER DECEASED GRANDMOTHER DECEASED

Full Names

Home Address Apt.

City State Zip

Phone

E-mail addresses

MATERNAL

GRANDFATHER DECEASED GRANDMOTHER DECEASED

Full Names

Home Address Apt.

City State Zip

Phone

E-mail addresses

6 ADDITIONAL INFORMATION

A Applicant's parents are currently:

Married Separated Divorced Father Deceased Mother Deceased

B If parents are divorced: Father remarried Mother remarried

C Name of step-parent(s): _____

D Name(s) and address(es) to which school information (ex: flyers, report cards) should be sent:

1. Name

Address City State Zip

2. Name

Address City State Zip

E Name and address to which school billing information should be sent:

Name

Address City State Zip

F Applicant lives with: Both parents Mother Father
 Other legal guardian

G If living with legal guardian:

Name(s) of legal guardian(s) Relationship to applicant

Address City State Zip

H How did you learn about Caskey Torah Academy of Greater Philadelphia of Greater Philadelphia? Why would you like your child to attend?

I Is there any other family information you would like to share with us?

7 PERTINENT JEWISH INFORMATION

A Synagogue affiliation: _____

B Please include any information about any family member(s) having undergone conversion (self, spouse, parent, child, etc.).

C Please list any Jewish organizations with which your family is affiliated.

D Please list any Jewish camps that the applicant attended this past summer.

E Is there any additional information you would like us to know about you, your child or your family?

8 APPLICANT PERSONAL INFORMATION

Applicant's Last Name

First Name

Middle Name

A What are your child's strengths and interests?

B Are there any physical or emotional challenges to be aware of? If so, please explain.

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

D Has your child been tested or evaluated for any special academic, behavioral or emotional concerns? Please explain and include a copy of evaluation. Has your child received or currently receiving any services?

E What else would you like us to know about your child? Please attach an additional page if necessary.

F Does your child take any medications on a regular basis or have any medical concerns that the school should be aware of?

G Are there any questions about Caskey Torah Academy that you would like us to address when you visit?

H Do you have an relatives who are Caskey Torah Academy alumni?

Name

Relationship

Years Attended

Name

Relationship

Years Attended

10 JUDAIC AND HEBREW STUDIES PLACEMENT SURVEY

TO BE FILLED OUT ONLY IF THE APPLICANT IS ENTERING GRADES 1-8.

Please fill out this placement survey to the best of your ability. Please note that there are skills and content on this list that students cover throughout the school (Grades 1-8). Therefore, please do not be surprised if there are items that your child has not learned yet.

Last Name First Name Middle Name Name to be called at school

Applying for admission to grade _____ for the 20_____ school year.

Please check the corresponding response:

Skill or content area	Applicant is comfortable with this	Applicant has some experience with this	Applicant has not yet learned this
Knows blessings for bread, cake, fruits, grape juice and candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has learned about key Torah characters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has learned the stories and practices of Jewish Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify Hebrew letters and their sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can write Hebrew letters in block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can write Hebrew letters in script	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can read Hebrew words with vowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can read short stories in Hebrew (and understand them)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can speak complete sentences in Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can write sentences in Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can read or sing the first four blessings of Birkat HaMazon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can fluently read the three paragraphs of the Shema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can read from the Chumash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has learned Chumash (from the Chumash itself) and can explain what s/he has read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can understand a class taught in Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can write a short story in Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can read Rashi script	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has studied selections of Rashi's commentary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has learned Mishna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has learned Gemara	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 APPLICANT QUESTIONNAIRE

TO BE FILLED OUT BY THE CHILD ONLY IF ENTERING GRADES 4-8.

Last Name First Name Middle Name Name to be called at school

Current School _____

A 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 _____

B Which of your school activities is the most important to you? Why?

C What are your two favorite academic subjects in school? Why?

D 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 _____

E Which of your out-of-school activities is most important to you? Why?

RELEASE OF RECORDS FORM

TO BE SENT TO THE SCHOOL YOUR CHILD IS CURRENTLY ATTENDING.

INSTRUCTIONS:

STEP 1: Tear this page out. This page will 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 the principal of the school your child is CURRENTLY attending.

TO BE FILLED OUT BY THE PARENTS OF THE APPLICANT:

_____	_____	_____
Last Name	First Name	Middle Name
_____		_____
Current school	Current grade	

Applying for admission to grade _____ for the 20____ school year.

I give permission for you to release my child's school records to Caskey Torah Academy of Greater Philadelphia. I understand that the records will include academic reports and grades, standardized test results, evaluations, and other pertinent school information which is a part of my child's school file.

_____	_____
Signed	Relationship to child

TO THE SCHOOL PRINCIPAL (OR HIS/HER DESIGNATE):

Please complete the "Prior School Information form" and include the following information when sending to Caskey Torah Academy of Greater Philadelphia:

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

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

CASKEY TORAH ACADEMY OF GREATER PHILADELPHIA

Attention: Admissions

742 Argyle Road, Wynnewood, PA 19096

PHONE 610-642-7870 FAX 610-642-2265 E-MAIL admissions@taphila.org

PRIOR SCHOOL INFORMATION

TO BE SENT TO THE SCHOOL YOUR CHILD IS CURRENTLY ATTENDING.

Student Name: _____

TO THE PRINCIPAL OR COUNSELOR:

The student named above is applying to Caskey Torah Academy of Greater Philadelphia 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.

A The student has attended your school for _____ years, beginning on ____ / ____ / ____.

B Length of time acquainted with the student? _____

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

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

E Are there any special circumstances of which we should be aware?

Name Position

School

Address City State Zip

Phone E-mail address

Signature Date

VISIT DAY

VISIT DAY - FOR GRADES 1-8

All applicants to Caskey Torah Academy of Greater Philadelphia should plan to spend a day visiting the school. To arrange this visit please contact:

Caskey Torah Academy of Greater Philadelphia Admissions

742 Argyle Road, Wynnewood, PA 19096

PHONE 610-642-7870 x255 FAX 610-642-2265 E-MAIL admissions@taphila.org

ON YOUR VISIT DAY

Our school day begins at 8:25 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. We look forward to having you as our guest at Caskey Torah Academy.

My child's visit day has been scheduled for _____

APPLICATION CHECKLIST

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

- Release of Records and Prior School Information form has been signed and sent to the school your child is currently attending.

Please make sure your portion of the application has been completed:

- Sections 1-8 have been completed.
- For applicants entering the Early Childhood Program, section 9 has been completed.
- For applicants entering Grades 1-8, section 10 has been completed.
- For applicants entering Grades 4-8, please make sure s/he has completed section 11.
- Application Fee of \$350 per applicant is included.
- For applicants entering Grades 1-8, you have scheduled your child's visit day at Caskey Torah Academy, and this page has been torn out for your convenience.
Grades 1 and 2: Half day visit Grades 3 - 8: Full day visit

If you have any questions or require assistance with your application, feel free to contact Tanya Libesman, Director of Admissions at 610-642-7870 x255 or at tlibesman@taphila.org.

ENROLLMENT FORM 2018-2019

CASKEY TORAH ACADEMY | 742 Argyle Road | Wynnewood, PA 19096 | P 610-642-7870 | F 610-642-1332

1 STUDENT INFORMATION

Child 1 Name _____ Grade 17-18 _____

Child 2 Name _____ Grade 17-18 _____

2 ENROLLMENT FEE

This fee is not a deposit towards tuition and must be paid whether or not a family is applying for financial assistance. This fee is non-refundable barring unusual circumstances or non-acceptance of your child. Admission to Caskey Torah Academy is not guaranteed without this fee and a signed tuition contract which you will receive later in the year. **A \$350 non-refundable deposit per child must accompany this contract to reserve a placement for your child.**

- Payment by check made to: Caskey Torah Academy of Greater Philadelphia
- Payment by credit card (fill out authorization below, credit card fee of 2.65% will be charged)
- Payment by ACH Debit: Routing # _____ Acct # _____

Credit Card Authorization

I authorize Caskey Torah Academy to charge my full deposit for the children listed in Section 1 above.

Card Type: MasterCard Discover VISA American Express

Card Number: _____

CVV: _____ Expiration Date: _____

Signature of Cardholder: _____ Date: _____

ENROLLMENT FORM 2018-2019

CASKEY TORAH ACADEMY | 742 Argyle Road | Wynnewood, PA 19096 | P 610-642-7870 | F 610-642-1332

3 ENROLLMENT TERMS AND CONDITIONS

Please read the terms and conditions on the following pages of the Enrollment Agreement.

We have read and accept the Terms & Conditions of the registration contract as outlined on the following page. Registration is conditional upon acceptance of all conditions below. When accepted by CTA, we understand that this contract is legally binding.

Both parents must sign and print below.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Note: This Contract will only be accepted if all prior tuition payments are current, and the registration fee is paid in full.

TERMS AND CONDITIONS 2018-2019

1. By paying your enrollment fee you are guaranteed a placement for your child for the **2018-19 school year**. For **new students** placement is guaranteed **pending acceptance by Caskey Torah Academy**.
2. In the Spring you will receive a Tuition Contract for your signature. **Admission to CTA will be finalized upon receipt of your completed Tuition Contract.**
3. **Rules and Regulations:** The parents and the student(s) agree to be bound by the rules and regulations of Caskey Torah Academy as stated in its publications and in any additions or amendments to those rules and regulations that may be announced from time to time.
4. **Student Class Assignment:** CTA reserves the right to place students in their respective classes.

