



## מתיבתא אור חנינא

### APPLICATION FOR ADMISSION

בס"ד

Dear Parents,

Attached is an application for admittance to the Mesivta. Talmidim who enter our Yeshiva have the ability to handle a strong academic program in both Limudei Kodesh and Limudei Chol, and are committed to learning and growing in Torah and Yiras Shamayim.

You can either apply by filling out the attached form and mail to Mesivta Ohr Chanina, 11 Lea Ct. Garnerville NY 10923, or emailing to [office@ohrchanina.org](mailto:office@ohrchanina.org). Alternatively, you can apply online at [www.ohrchanina.org](http://www.ohrchanina.org).

Please feel free to reach out if you have any questions or concerns.

B'hatzlacha,

הרב אבי סלאנסקי  
Rabbi Avi Slansky  
201-523-7920  
[aslansky@ohrchanina.org](mailto:aslansky@ohrchanina.org)

**Rosh Mesivta**



# מתיבתא אור חנינא

## APPLICATION FOR ADMISSION

### STUDENT INFORMATION

Full Legal Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Goes by \_\_\_\_\_

Home Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Date of Birth (English): \_\_\_\_\_ Date of Birth (Hebrew): \_\_\_\_\_

Yeshiva Currently Attending: \_\_\_\_\_ Rebbe: \_\_\_\_\_ Rebbe's Phone Number: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_ Currently Learning Mesechta: \_\_\_\_\_

Past Mesechta(os) Learned: \_\_\_\_\_ Student Cell (if applicable): \_\_\_\_\_

### PARENTAL INFORMATION

#### FATHER

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

#### MOTHER

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### SIBLINGS (Name / Age / School or Occupation)

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## מתיבתא אור חנינא APPLICATION FOR ADMISSION

### PRIMARY SHUL INFORMATION

Shul Name: \_\_\_\_\_ Rov's Name: \_\_\_\_\_

Rov's Phone Number: \_\_\_\_\_

Additional Shuls (if applicable): \_\_\_\_\_ Rov's Name: \_\_\_\_\_

### PREVIOUS YESHIVAS ATTENDED (if applicable)

Yeshiva Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Yeshiva Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

### CAMP ATTENDED

|             | Name of camp | Staff Member<br>(who knows your son) | Staff Member Phone<br>Number |
|-------------|--------------|--------------------------------------|------------------------------|
| Summer 2025 |              |                                      |                              |
| Summer 2024 |              |                                      |                              |
| Summer 2023 |              |                                      |                              |

### ADDITIONS:

Is your son presently enrolled in a course which is offered in 9<sup>th</sup> grade? (yes/no) If so, which course?

\_\_\_\_\_

Does your son have any limitations? (physical, emotional, learning, etc.)

\_\_\_\_\_

Has your son ever been dismissed from school? If yes, please explain.

\_\_\_\_\_

### DOCUMENTS TO BE SUBMITTED (HARD COPY)

☐ Rebbe's Report (Give to Rebbe) ☐ Menahel's Report (Send to Menahel) ☐ Photo of Applicant enclosed

*We hereby certify that the information in this application is complete and accurate. We understand the educational policy of your school and this application is filled with our knowledge, consent and approval.*

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Office Use Only

Documents received: Photo \_\_\_\_\_ Menahel Report \_\_\_\_\_ Rebbe Report \_\_\_\_\_  
Farher Date \_\_\_\_\_ Accepted: \_\_\_\_\_



# מתיבתא אור חנינא

## Menahel's Report:

**Talmid's Name:** \_\_\_\_\_

**Most recent report card grades:**

גמרא: \_\_\_\_\_ חומש: \_\_\_\_\_ הלכה: \_\_\_\_\_

**Talmid's Middos:**

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**Talmid's Behavioral Performance:**

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**Talmid's Academic Performance (ability/ effort):**

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**Has the Talmid ever been suspended or expelled for any reason? Please explain:**

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**Menahel Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please email to [office@ohrchanina.org](mailto:office@ohrchanina.org) along with 7<sup>th</sup> grade report card, or mail to 11 Lea Ct  
Garnerville NY 10923.

All information will be kept confidential.



# מתיבתא אור חנינא

## Rebbe's Report:

**Talmid's Name:** \_\_\_\_\_

**Assess Talmid:**

גמרא – קריאה \_\_\_\_\_

גמרא – הבנה \_\_\_\_\_

כשרון \_\_\_\_\_

מידות \_\_\_\_\_

**Talmid's Behavioral Performance:**

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**Talmid's Peer Relationships:**

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**Talmid personal information that would be helpful to know:**

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**Rebbe Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Good time to be reached:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Please email to [office@ohrchanina.org](mailto:office@ohrchanina.org) or mail to 11 Lea Ct Garnerville NY 10923.

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ע"ש הרה"צ ר' חנינא געצל הרצברג זצ"ל