



APPLICATION CHECKLIST

The following checklist is provided to ensure that you will not overlook any important aspect of the admissions process. We encourage you to save this checklist for your records.

APPLICATION

- Background information
- About the Applicant
- Student Applicant
- Photograph
- \$50 Application Fee (check made payable to: Kadima Memphis Jewish High School, Inc.)

RECOMMENDATIONS

- Current Math Teacher
- Current English Teacher
- Jewish Professional (Rabbi, Cantor, Jewish Studies teacher, youth group leader, etc.)
- Principal or Guidance Counselor

ACADEMIC TRANSCRIPT/SCHOOL RECORDS

- Parents should sign the release and submit request to student's present school.

INTERVIEW AND TESTING

- When the application is complete, the Admissions office will call you to schedule an interview, as well as an English and a math competency test for your child.

Questions? Please call 901.767-4818
Or email slewis@mjhschool.org

Date of Application _____

BACKGROUND INFORMATION

To be completed by Parent or Guardian

Applicant's Name

LAST

FIRST

MIDDLE

Applicant's Father

Rabbi Cantor Mr. Dr.

LAST NAME FIRST NAME MIDDLE INITIAL

Relationship: Father Stepfather Guardian

HEBREW NAME (IF KNOWN)

HOME ADDRESS

CITY STATE ZIP CODE

HOME TELEPHONE

FATHER'S MOBILE PHONE

FATHER'S PAGER #

EMAIL ADDRESS

OCCUPATION

BUSINESS ADDRESS

CITY STATE ZIP CODE

BUSINESS TELEPHONE

RELIGION By Birth By Conversion

SYNAGOGUE AFFILIATION

COMMUNITY INVOLVEMENT

Prefer to be contacted at:

Home Business email any

Paternal Grandparent Information

NAME

ADDRESS

Applicant's Mother

Mrs. Ms. Dr.

LAST NAME FIRST NAME MIDDLE INITIAL

Relationship: Mother Stepmother Guardian

HEBREW NAME (IF KNOWN)

HOME ADDRESS

CITY STATE ZIP CODE

HOME TELEPHONE

MOTHER'S MOBILE PHONE

MOTHER'S PAGER #

EMAIL ADDRESS

OCCUPATION

BUSINESS ADDRESS

CITY STATE ZIP CODE

BUSINESS TELEPHONE

RELIGION By Birth By Conversion

SYNAGOGUE AFFILIATION

COMMUNITY INVOLVEMENT

Prefer to be contacted at:

Home Business email any

Maternal Grandparent Information

NAME

ADDRESS

STUDENT INFORMATION

Name _____
LAST FIRST MIDDLE

Email Address _____ Home Phone # _____

Hebrew Name (if known) _____ Date of Birth _____ Gender _____

Student's Cell Phone # _____ Social Security # _____

School Presently Attending _____ Applying for which Grade _____

School Address _____

City _____ State _____ Zip Code _____

School Phone _____ School Fax _____

Name of Religious School (if not a day school student) _____

Youth Groups (if any) _____

Summer Camps (if any) _____

Applicant's parents are currently: Married Divorced

With whom does the applicant live: Both Parents Father Mother Other

If not, to whom should all correspondence be sent? Mother Father Both Other

Number of children in family (not including applicant) _____

NAME DATE OF BIRTH GENDER SCHOOL ATTENDING

NAME DATE OF BIRTH GENDER SCHOOL ATTENDING

NAME DATE OF BIRTH GENDER SCHOOL ATTENDING

Would you like to learn about financial aid? Yes No

PLEASE ATTACH
A RECENT
PHOTOGRAPH
OF THE APPLICANT



ABOUT THE APPLICANT

To be completed by Parent or Guardian

Why would the Kadima be a good match for your child as well as for your family?

Describe the role that Judaism plays in your personal and family life.

Tell us about your son/daughter – his/her academic interests, talents, and hobbies.

What three adjectives come to mind to describe your child?

What are your child's academic strengths?

Describe the nature of any difficulties your child has faced (physical, emotional, or academic).

Describe any measures that were taken to provide support.

Please describe any special circumstances that may have affected your child's school experience in the past or may do so in the future.

Has the applicant ever been subject to major disciplinary action (suspension or dismissal) in any school?
 Yes No If yes, please explain on a separate sheet of paper.

Is your child taking any medication? If so, please explain.

We welcome any additional comments that you might like to make about your child. A parental perspective helps us to know each applicant more completely.

Please provide the names and telephone numbers of two adults whom we may contact for additional reference.

NAME PHONE

RELATIONSHIP TO CHILD

NAME PHONE

RELATIONSHIP TO CHILD



STUDENT APPLICATION

To be completed by Applicant (may be handwritten or typed on additional pages)

Nickname (name you prefer to go by) _____

What book(s) or magazine(s) have you most enjoyed reading during the past year?

Why?

List the movies you have most enjoyed during the past year.

Select one movie and tell us why you enjoyed it.

What are some of your favorite things to do when you have free time.

What extracurricular activities would you like to participate in while in high school?

Are you involved in art, dance, drama, choral or instrumental music? If so, please tell us about your experiences, including lessons, classes, performances, or exhibits.

Do you participate in any sports? If so, which one(s)?

Name three things you believe you are good at doing.

What role does Judaism play in your life?

Name one of your favorite subjects in school. Why?

Name one of your least favorite subjects in school. Why?

Describe the qualities of your favorite teacher.

Describe any community service in which you participate now or have participated in the past.

Please tell us something that you would like us to know about you that is not included in this application.

On a separate piece of paper, tell us about a personal experience or challenge and what it taught you about yourself (two pages maximum).

Signature _____ Date _____



MATH TEACHER RECOMMENDATION

To be completed by applicant's math teacher

_____ is a candidate for admission to the Kadima Memphis Jewish High School. We ask that you complete this questionnaire to help us get to know the student. Your candid response will enable us to evaluate the applicant for admission to our dual curriculum program. This form is confidential and will not be made available to parents or student. Please return this form to our office at your earliest convenience.

Name of Recommender (please print) _____

School _____ Phone _____

Date _____ Signature _____

How long have you know the applicant? _____

What subjects did you teach the applicant? _____

In what other capacity, if any, have you known the applicant? _____

In relation to other students in this child's age group, please rate the candidate in the following areas:

Relationship to Adults	Excellent	Good	Average	Below Average	No basis to Judge
Academic Potential					
Academic Achievement					
Study Habits					
Initiative					
Curiosity					
Creativity					
Writing Ability					
Oral Expression					
Leadership					
Maturity					
Conduct/Discipline					
Personal Integrity					
Self-Image					
Concern for Others					
Abstract Thinking					
Warmth of Personality					
Reaction to Criticism					
Attendance					

What words or phrases immediately come to mind when describing the applicant?

What are the applicant's strengths?

What are the applicant's weaknesses?

Please feel free to write whatever you think is important about the applicant including a description of academic and personal characteristics. We are particularly interested in the child's motivation, maturity, independence, originality, capacity for growth, special talents and enthusiasm. We welcome information that will help differentiate the student from others.

Has this applicant mastered fractions and decimals?

By June, will the applicant have completed all of Algebra I and/or Geometry?

Which math course do you recommend that the applicant be placed in next year?

Do you recommend regular, honors or basic math?

Please return this form to:

Office of Admissions

Kadima Memphis Jewish High School, Inc

1203 Ridgeway

Park Place Centre suite 203

Memphis, TN 38119

Phone: 901.767-4818

Fax: 901.767-8321

slewis@mjhschool.org



ENGLISH TEACHER RECOMMENDATION

To be completed by applicant's English teacher

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Attendance					

Relationship to Adults					
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PRINCIPAL OR GUIDANCE COUNSELOR RECOMMENDATION

To be completed by applicant's prior school principal or guidance counselor

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Date _____ Signature _____

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slewis@mjhschool.org



JEWISH PROFESSIONAL RECOMMENDATION

To be completed by applicant's Rabbi, Cantor, Jewish Studies teacher, youth group leader, etc.

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Name of Recommender (please print) _____

School _____ Phone _____

Date _____ Signature _____

How long have you know the applicant? _____

What subjects did you teach the applicant? _____

In what other capacity, if any, have you known the applicant? _____

In relation to other students in this child's age group, please rate the candidate in the following areas:

	Excellent	Good	Average	Below Average	No basis to Judge
Academic Potential					
Academic Achievement					
Study Habits					
Initiative					
Curiosity					
Creativity					
Writing Ability					
Oral Expression					
Leadership					
Maturity					
Conduct/Discipline					
Personal Integrity					
Self-Image					
Concern for Others					
Abstract Thinking					
Warmth of Personality					
Reaction to Criticism					
Attendance					
Relationship to Adults					

Please rate the student's abilities in modern Hebrew:

	Excellent	Good	Average	Below Average	No Basis to Judge
Oral Comprehension					
Writing Skills					
Speaking Ability					
Text Comprehension					

What words or phrases immediately come to mind when describing the applicant?

What are the applicant's strengths?

What are the applicant's weaknesses?

Please feel free to write whatever you think is important about the applicant including a description of academic and personal characteristics. We are particularly interested in the child's motivation, maturity, independence, originality, capacity for growth, special talents and enthusiasm. We welcome information that will help differentiate the student from others

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RELEASE FOR SCHOOL RECORD AND TRANSCRIPTS

To be submitted to applicant's present school

Name of School _____

Principal _____

Street Address _____

City _____ State _____ Zip _____

I request that the school record of my child _____ who is in the
NAME OF STUDENT

_____ be forwarded to the Kadima Memphis Jewish High School, Inc. for the purpose of admission review

CURRENT GRADE

and academic placement.

Please include the following material:

1. Transcript of academic record including courses taken and grades received
2. Results of standardized achievement and/or aptitude tests
3. Copy of health records and medical forms.

I also authorize teachers to release information about my child which would identify apparent learning strengths or weaknesses and patterns of behavior.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Please send all information to:

Office of Admissions

c/o Sarah Lewis

Kadima Memphis Jewish High School, Inc

1203 Ridgeway

Park Place Centre Suite 203

Memphis, TN 38120

Phone: 901.767-4818

Fax: 901.767-8321

slewis@mjhschool.org