



3410 Mt. Acadia Boulevard • San Diego, CA 92111

(858) 560-1818 • Fax: (858) 560-8118 • [www.scyhigh.org](http://www.scyhigh.org) • [info@scyhigh.org](mailto:info@scyhigh.org)

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Dear Applicant Family,

We are delighted that you have chosen to apply to Southern California Yeshiva High School. We are looking forward to an exciting 2010-2011 academic year.

In this packet you will find the forms you need to complete in order to apply to SCY High. The checklist below will help you to ensure that the student's application is completed on time and can be properly reviewed by the Admissions Committee.

The Application consists of a family information form, parent and student questionnaires, three (3) teacher recommendations and an administrator's recommendation, submission of current grades and a personal interview. Please note that the application fee is \$150 and that applications received by **February 1, 2010 are eligible for our early enrollment discount of \$1000**. Applications received by **March 31 are eligible for \$500 early enrollment discount**.

I invite you and your son to visit our campus in Clairemont and spend some time getting to know SCY High from the inside. Please call me at (858) 560-1818 if you have any questions or would like to schedule a shadow day or tour.

Warmly,

Ariella Adatto  
Director of Admissions

#### Application Checklist

**Application Timeline:** SCY High has a rolling admissions policy. All applications received by **February 1, 2010** will be eligible for our early enrollment discount of \$1000 off of tuition.

**Family Information Form:** Complete the form, including all relevant contact information.

**Application Fee:** The application fee is \$150 and should accompany the completed application. This non-refundable fee is for processing of the application and is not applicable toward tuition. Checks should be made payable to SCY High with 'application fee' written in the memo.

**Recommendation Forms:** Recommendations should be completed by the applicant's current math and English teachers, a Judaic studies teacher, and an administrator. The applicant should complete the upper portion of these forms and give them to his various teachers, each with a stamped envelope addressed to SCY High. All recommendations and accompanying comments are confidential.

**Student Questionnaire:** The student should answer six of the eight questions.

**Parent Questionnaire:** At least one parent must complete a parent questionnaire. If parents are divorced, we request that both parents complete the questionnaire.

**Academic Record Release Form:** Complete and sign the form and return it with the application packet so that we may request current grades for your son.

**Formal Interview:** Please call SCY High to schedule an interview for your son.

All forms should be mailed to:  
SCY High  
3410 Mt. Acadia Blvd.  
San Diego, CA 92111  
Attn: Admissions

## Family Information Form

### APPLICANT INFORMATION

Applicant's Name \_\_\_\_\_  
(last) (first) (middle) (preferred)

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

Schools previously attended: \_\_\_\_\_ Grades: \_\_\_\_\_  
 \_\_\_\_\_ Grades: \_\_\_\_\_  
 \_\_\_\_\_ Grades: \_\_\_\_\_

### FAMILY INFORMATION

Please check all that apply:

Parents Married     Parents Divorced     Parent I Remarried     Parent II Remarried  
 Parent I Deceased     Parent II Deceased

#### Parent/Guardian I

#### Parent/Guardian II

Full Name: \_\_\_\_\_  
(title) (first) (last) (title) (first) (last)

Home Address: \_\_\_\_\_

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

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

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

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

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

Employer: \_\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_

Student lives with: \_\_\_\_\_

Please list other children in the family and their current grades and schools they attend:

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*If a parent is divorced and remarried, please include present spouse's name and contact information as well. Please use back of page if needed.*

### TUITION ASSISTANCE: (Please check one)

I/We would like to apply for tuition assistance  
 I/We do not plan to apply for tuition assistance



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## Administrator Recommendation Form

**To be completed by the applicant:**

This recommendation should be completed by an administrator at the applicant's current school. The applicant should complete the upper portion of this form and give it to the administrator **with a stamped envelope** addressed to SCY High. All recommendations and accompanying comments are confidential and should be received by SCY High by February 1, 2010.

Applicant's name \_\_\_\_\_

Current grade level \_\_\_\_\_

**To the Administrator:**

SCY High is a college-preparatory high school that strives for excellence in academic standards and spiritual and intellectual development through the study of the Torah. Please take a few minutes to complete the checklist below and answer the questions on the reverse side of this form. Your contribution will help us to make an informed decision regarding acceptance and placement of the applicant. *We appreciate your time and input.* **Please send the recommendation in the accompanying stamped and addressed envelope directly to SCY High by February 1, 2010.**

Administrator's Name \_\_\_\_\_

Date \_\_\_\_\_

Administrator's Title \_\_\_\_\_

Signature of Administrator \_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_

*Please evaluate the applicant in each of the following categories:*

	Excellent	Good	Fair	Poor
Academic ability				
Academic performance				
Contribution to school community				
Classroom behavior				
Respect for school property				
Respect for teachers				
Respect for peers				
Personal integrity				
Ability to maintain a positive attitude				
Self-confidence				
Motivation				
Potential for leadership				
Willingness to accept rebuke				
Willingness to compromise				
Sportsmanship				
Maturity				
Emotional stability				

## ***Recommendation page 2***

### **General Questions**

1. Please describe the applicant's greatest strength as you see it.
2. Please describe the applicant's greatest weakness as you see it.
3. Does the applicant require any special attention/ accommodation in the classroom (e.g., learning differences, social/ emotional issues)?
4. Do you feel that the applicant is lacking any basic skills or information required for optimal performance at grade level? Alternatively, do you think the applicant excels beyond grade level in specific subject areas? If yes, please explain.
5. Has the applicant ever been subject to disciplinary action while attending your school? If yes, please explain.
6. Please comment on the involvement of the applicant's parents with regard to involvement in the applicant's education and cooperation with faculty/ administration.
7. Please comment on the involvement of the applicant's parents with regard to participation in the school community.
8. Please feel free to attach additional comments about the applicant.

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## Teacher Recommendation Form

**To be completed by the applicant:**

Recommendations should be completed by the applicant's current Math and English teachers and a Judaic Studies teacher. The applicant should complete the upper portion of this form and give it to his selected teachers, each **with a stamped envelope** addressed to SCY High. All recommendations and accompanying comments are confidential and should be received by SCY High by February 1, 2010.

Applicant's name \_\_\_\_\_  
 Current grade level \_\_\_\_\_

**To the teacher:**

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Teacher's Name \_\_\_\_\_ Signature of teacher \_\_\_\_\_

Subject of Instruction \_\_\_\_\_ Date \_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_

*Please evaluate the applicant in each of the following categories:*

	Excellent	Good	Fair	Poor
Academic ability				
Academic performance				
Classroom conduct				
Timely completion of work				
Ability to relate well to peers				
Ability to relate well to teachers				
Attention span				
Study Habits				
Ability to work independently				
Ability to work cooperatively				
Intellectual curiosity				
Critical and abstract thinking skills				
Ability to communicate ideas				
Ability to organize ideas				
Personal integrity				
Creativity				
Self-confidence				
Leadership				
Consideration of others				
Maturity				
Self-control				

## Recommendation page 2

**Subject Specific Questions for English instructor: Please evaluate the applicant in each of the subject specific areas.**

	Excellent	Good	Fair	Poor
Reading Comprehension				
Writing skills				
Ability to express ideas orally				
Organization and Development of ideas				

**Subject Specific Questions for Math instructor: Please evaluate the applicant in each of the subject specific areas.**

	Excellent	Good	Fair	Poor
Ability to grasp mathematical concepts				
Ability to retain skills and principles				
Ability to apply principles to word problems				

**Subject Specific Questions for Judaics instructor: Please evaluate the applicant in each of the subject specific areas.**

	Excellent	Good	Fair	Poor
Ability to <b>read</b> Hebrew/Aramaic text				
Hebrew/Aramaic Reading Comprehension				
Ability to grasp concepts				
Respect for traditional texts				
Motivation in Judaic studies				

### General Questions

9. Please describe the applicant's greatest strength as you see it.
  
10. Does the applicant require any special attention/ accommodation in the classroom (e.g learning differences, social/ emotional issues)?
  
11. Do you feel that the applicant is lacking any basic skills or information required for optimal performance at grade level? Alternatively, do you think the applicant excels beyond grade level in your subject area. If yes, please explain.
  
12. For English Instructor only: Please list novels that you cover in your curriculum for this applicant's grade for the current year.
  
13. For Math Instructor only: What math is the applicant currently enrolled in? What math placement would you suggest for the upcoming year?
  
14. Please feel free to attach additional comments about the applicant.

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Applicant's name \_\_\_\_\_  
 Current grade level \_\_\_\_\_

**To the teacher:**

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Teacher's Name \_\_\_\_\_ Signature of teacher \_\_\_\_\_  
 Subject of Instruction \_\_\_\_\_ Date \_\_\_\_\_  
 How long have you known the applicant and in what capacity? \_\_\_\_\_

*Please evaluate the applicant in each of the following categories:*

	Excellent	Good	Fair	Poor
Academic ability				
Academic performance				
Classroom conduct				
Timely completion of work				
Ability to relate well to peers				
Ability to relate well to teachers				
Attention span				
Study Habits				
Ability to work independently				
Ability to work cooperatively				
Intellectual curiosity				
Critical and abstract thinking skills				
Ability to communicate ideas				
Ability to organize ideas				
Personal integrity				
Creativity				
Self-confidence				
Leadership				
Consideration of others				
Maturity				
Self-control				

## Recommendation page 2

**Subject Specific Questions for English instructor: Please evaluate the applicant in each of the subject specific areas.**

	Excellent	Good	Fair	Poor
Reading Comprehension				
Writing skills				
Ability to express ideas orally				
Organization and Development of ideas				

**Subject Specific Questions for Math instructor: Please evaluate the applicant in each of the subject specific areas.**

	Excellent	Good	Fair	Poor
Ability to grasp mathematical concepts				
Ability to retain skills and principles				
Ability to apply principles to word problems				

**Subject Specific Questions for Judaics instructor: Please evaluate the applicant in each of the subject specific areas.**

	Excellent	Good	Fair	Poor
Ability to <b>read</b> Hebrew/Aramaic text				
Hebrew/Aramaic Reading Comprehension				
Ability to grasp concepts				
Respect for traditional texts				
Motivation in Judaic studies				

### General Questions

15. Please describe the applicant's greatest strength as you see it.
  
16. Does the applicant require any special attention/ accommodation in the classroom (e.g learning differences, social/ emotional issues)?
  
17. Do you feel that the applicant is lacking any basic skills or information required for optimal performance at grade level? Alternatively, do you think the applicant excels beyond grade level in your subject area. If yes, please explain.
  
18. For English Instructor only: Please list novels that you cover in your curriculum for this applicant's grade for the current year.
  
19. For Math Instructor only: What math is the applicant currently enrolled in? What math placement would you suggest for the upcoming year?
  
20. Please feel free to attach additional comments about the applicant.

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Applicant's name \_\_\_\_\_  
 Current grade level \_\_\_\_\_

**To the teacher:**

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Teacher's Name \_\_\_\_\_ Signature of teacher \_\_\_\_\_

Subject of Instruction \_\_\_\_\_ Date \_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_

*Please evaluate the applicant in each of the following categories:*

	Excellent	Good	Fair	Poor
Academic ability				
Academic performance				
Classroom conduct				
Timely completion of work				
Ability to relate well to peers				
Ability to relate well to teachers				
Attention span				
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Ability to work independently				
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Critical and abstract thinking skills				
Ability to communicate ideas				
Ability to organize ideas				
Personal integrity				
Creativity				
Self-confidence				
Leadership				
Consideration of others				
Maturity				
Self-control				

## Recommendation page 2

**Subject Specific Questions for English instructor: Please evaluate the applicant in each of the subject specific areas.**

	Excellent	Good	Fair	Poor
Reading Comprehension				
Writing skills				
Ability to express ideas orally				
Organization and Development of ideas				

**Subject Specific Questions for Math instructor: Please evaluate the applicant in each of the subject specific areas.**

	Excellent	Good	Fair	Poor
Ability to grasp mathematical concepts				
Ability to retain skills and principles				
Ability to apply principles to word problems				

**Subject Specific Questions for Judaics instructor: Please evaluate the applicant in each of the subject specific areas.**

	Excellent	Good	Fair	Poor
Ability to <b>read</b> Hebrew/Aramaic text				
Hebrew/Aramaic Reading Comprehension				
Ability to grasp concepts				
Respect for traditional texts				
Motivation in Judaic studies				

### General Questions

21. Please describe the applicant's greatest strength as you see it.
  
22. Does the applicant require any special attention/ accommodation in the classroom (e.g learning differences, social/ emotional issues)?
  
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## Student Questionnaire

*Please select six (6) of the following eight (8) questions and answer in your own words. You may handwrite or type your answers and attach them to this form.*

1. What do you like to do in your free time?
2. Who is a hero of yours, and why?
3. How would your friends describe you?
4. What do you view as your greatest strength?
5. What do you view as your greatest weakness?
6. Why do you want to attend SCY High?
7. Describe your involvement in a community service or other volunteer project.
8. Describe a special talent that you have and how you think you can use it to contribute to our school community.

Student's Name \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Parent Questionnaire

*Please attach your answers, either handwritten or typed, to this form.*

1. Briefly describe three values you hope your son will learn at SCY High.
2. What are some activities your son enjoys?
3. Please describe a quality/ accomplishment of your son that makes you proud.
4. Describe what you think are your son's greatest strengths and challenges in school.
5. Has your son ever been subject to any major disciplinary action (suspension or dismissal) in any school or camp? If yes, please explain.
6. Does your son have any physical, mental, medical or other condition of which we should be aware? If yes, please explain.
7. Has your son undergone testing or evaluation by a professional? If yes, please explain.
8. Please feel free to offer additional comments about your son.

Student's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

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## Academic Record Release Form

***To the parents or guardians of students applying to SCY High:***

Please complete this form authorizing your child's school to release information regarding his academic performance. This form should be returned to SCY High as part of the application packet.

School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian  
*Name of parent or guardian*

of \_\_\_\_\_, do hereby authorize the  
*Name of student*

above-mentioned school to release any and all information pertaining to this student's school performance, including but not limited to official transcript with grades from this year and last year and all standardized test scores.

***To the school:***

Please send official transcripts for the above-mentioned student from the current and previous years and all standardized test scores to:

SCY High  
3410 Mount Acadia Blvd.  
San Diego, CA 92111  
Attn: Admissions

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*Parent Signature*

*Date*



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