



Application for Admission
 ✨ Kindergarten–8th Grade ✨
 5785 [2024-2025]

**Contact the school office to apply for
 Pre-Kindergarten or Torah Tots (16 month olds to 4 year olds)*

A non-refundable application fee of \$350 must accompany each student application

Current parents should see re-enrollment form for priority enrollment information.

Grade	23-24 Tuition***
Kindergarten (8:30 am-3:00 pm)	\$11,100
Grades 1–5	\$14,050
Grades 6–8	\$15,350
Extended Care available for an additional charge	
Books/Technology/Activity fee (per student)	PK-K \$250/Gr 1-8 \$525
Security fee (per student)	\$100
Family tuition processing fee:	\$35

For Education Questions contact Rabbi Pinchus Idstein, Menahel 952-285-8607 or
 Mr. Matthew Cleary, General Studies Principal 952-285-8606

Extended Care (subject to change): Starts at 1:30 p.m. and ends at 4:00 p.m. Monday–Thursday on regular school days. Ends at dismissal time on Friday depending on Shabbos times. See school calendar for Friday dismissal times and special early dismissal dates. *Please indicate below if your child will be needing after-care on a regular basis. Check off day(s) and enter requested end time for each day:*

- Monday until _____ p.m.
 Wednesday until _____ p.m.
 Friday until _____ p.m.
 Tuesday until _____ p.m.
 Thursday until _____ p.m.
 (see calendar for Friday dismissal time)

You must reserve space with the extended care teacher and pay ahead of time whether planned or drop-in.

Enclose a photocopy of your child’s birth certificate.
Kindergarten students must be 5 years old by September 1.

Consent and Release of Records

I hereby agree to provide Torah Academy with accurate and current information concerning my child,

Print Full Name of Student

I also grant permission for appropriate Torah Academy personnel to contact the professionals listed in this application and for release to Torah Academy of all transcripts, report cards, standardized test results, and other relevant records, including educational and psychological evaluations and IEPs for my child. Records received as a result of this application become part of the student’s confidential permanent file at the time of enrollment.

Print Name of Parent or Legal Guardian Signature Date

Torah Academy of Minneapolis admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Torah Academy • 2800 Joppa Avenue South • St. Louis Park, MN 55416
(952) 920-6630 Phone • (952) 922-7844 Fax • office@torahacademymn.org

Student Information

Legal Name (First, Middle, Last) _____ Grade in 2024/25 _____

Date of Birth ____/____/____ Hebrew Date of Birth _____ Is child a U.S. citizen? Yes No

Name you want child to be called (Nickname) _____ Is child adopted? Yes No

Hebrew Name (First, Middle, Last) _____ Gender Male Female

Was child born Jewish? Yes No >> If "No", a copy of conversion certificate signed by the presiding Bais Din is required

Parents' Marital Status Married Separated Divorced Widowed

If separated or divorced, please attach a copy of the custody agreement. _____

Legal Guardian(s) (Parents or other persons) _____

Student Lives With (check all that apply) Biological Father Biological Mother Step-father Step-mother
 Other (specify name & relationship) _____

Student's Home Address _____

City, State, Zip _____ Home Phone _____

Home Fax _____ Home Email _____

Student Academic and Medical Information

Previous Schools Attended: List chronologically below and include address of most recent school.

1) Current School _____ Dates attended _____

Address _____

Contact Person _____ Position _____ Phone _____

2) Previous School _____ Dates attended _____

Contact Person _____ Position _____ Phone _____

Testing: Has the applicant ever had an educational neurological or psychological evaluation? Yes No

Does applicant have a current IEP? Yes No Date of most recent evaluation or IEP _____

If you checked yes, we will be asking you to share the IEP or results of the evaluation(s) with us.

Medical Conditions: Does your child take any prescription medication(s) on a regular basis? Yes No

Does your child have anaphylactic allergies or need an Epi-pen? Yes No Have asthma or need an inhaler? Yes No

If "Yes" to any question(s), specify below each medication and for what condition it is prescribed. (Use additional page, if needed)

Medication	Condition	Medication	Condition

Describe any illness, disease, special needs, or physical disabilities that would have affected or may affect the applicant's general health, school work, or participation in the school's physical education program:

Vaccines: Is your child vaccinated and up to date on all his/her vaccines? Yes No Please provide an updated copy from your pediatrician

Father's Information

Father: Living Deceased Title: Rabbi Dr. Mr. Cohen Levi Yisroel Jewish Not Jewish
Was father born Jewish?

Name (First, Middle, Last) _____

Address (if different from student's) _____

Home Phone (if different from student's) _____ Email _____

Cell Phone _____ Fax _____

Occupation _____ Employer _____ Work Phone _____

Does your company match donations? Yes No

If remarried: Name of Spouse _____ Spouse's Cell Phone _____

Special Interests & Skills _____

Grandmother (Paternal): Living Deceased Title: Dr. Mrs. Ms.

Name (First, Middle, Last) _____ Phone _____

Address _____ Email _____

Grandfather (Paternal): Living Deceased Title: Rabbi Dr. Mr.

Name (First, Middle, Last) _____ Phone _____

Address _____ Email _____

Mother's Information

Mother: Living Deceased Title: Dr. Mrs. Ms Maiden Name _____

Name (First, Middle, Last) _____

Was mother born Jewish? Yes No>>If "No", a copy of conversion certificate signed by the presiding Bais Din is required

Was mother's mother born Jewish? Yes No>>If "No", a copy of conversion certificate is required

Address (if different from student's) _____

Home Phone (if different from student's) _____ Email _____

Cell Phone _____ Fax _____

Occupation _____ Employer _____ Work Phone _____

Does your company match donations? Yes No

If remarried: Name of Spouse _____ Spouse's Cell Phone _____

Special Interests & Skills _____

Grandmother (Maternal): Living Deceased Title: Dr. Mrs. Ms

Name (First, Middle, Last) _____ Phone _____

Address _____ Email _____

Grandfather (Maternal): Living Deceased Title: Rabbi Dr. Mr.

Name (First, Middle, Last) _____ Phone _____

Address _____ Email _____

