

STANLEY M. LINTZ
VALLEY TORAH HIGH SCHOOL

12517 Chandler Blvd. • Valley Village, CA 91607 • (818) 505-7999 • fax (818) 505-7997 • vths@vths.org

Application Form 2015 — 2016

Student's Last Name	First Name	Middle Name	Hebrew Name	
Street			Student Cell Phone () -	
City		State	Zip	
Student E-mail Address	Date of Birth	Gender	Entering grade	
Father's: Title	First name	Last Name	Hebrew name	E-mail Address
Street				
City		State	Zip	
Home telephone () -	Business Telephone () -	Cell Phone () -	Father's occupation	
Mother's: Title	First name	Last Name	Hebrew name	Maiden name
Street				E-mail Address
City		State	Zip	
Home telephone () -	Business Telephone () -	Cell Phone () -	Mother's occupation	
Were there any conversions in the family? If yes, please attach a copy of the conversion certificate.				
If the student's parents are divorced, who has legal custody?				
Maternal Grandparents name & address				
Paternal Grandparents name & address				
Previous education (List all schools previously attended):				
Name of School	City	Dates of attendance		
Name of School	City	Dates of attendance		
Name of School	City	Dates of attendance		

(over please)

Family's synagogue affiliation

Other children in family:

Name	Age	School presently attending
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Name	Age	School presently attending
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Name	Age	School presently attending
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Name	Age	School presently attending
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Name	Age	School presently attending
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Name	Age	School presently attending
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I hereby apply for admission to Valley Torah High School for the student listed above. I have included the following:

- This Admission Form (signed)
- The \$100 testing fee
- A completed and signed Transcript Request Form

Signature of parent

Date

Please attach a picture
of student