YESHIVA DERECH HATORAH
ישיבה דרך התורה

YESHIVA DERECH HATORAH
2810 NOSTRAND AVENUE BROOKLYN, NY 11229
(718) 258-4441 • FAX (Financial Office) (718) 692-2285, FAX (2nd Floor Office) (718) 677-8230 • WWW.YDH.ORG
CHARTERED BY THE REGENTS OF THE UNIVERSITY OF THE STATE OF NEW YORK

APPLICATION FOR RE-REGISTRATION
2023 - 2024 תשפ"ג - תשפ"ד

ENTERING GRADE _____ AS OF SEPT. 2023

STUDENT'S NAME _____
First Middle Last

STUDENT'S HEBREW NAME _____
*(In **Hebrew letters**) Last Middle First*

AGE (As of 9/1/23) Years_____ Months_____

BIRTH DATE ____/____/____BIRTHPLACE _____

ADDRESS _____ZIP_____

BETWEEN WHICH STREETS _____

HOME PHONE (_____)_____

PARENTS:

FATHER'S NAME _____

AGE_____ BIRTHPLACE _____

EMAIL ADDRESS _____

OCCUPATION _____

EMPLOYER'S NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE (_____)_____

CELL PHONE (_____)_____

MOTHER'S NAME _____

AGE_____BIRTHPLACE _____

EMAIL ADDRESS _____

OCCUPATION _____

EMPLOYER'S NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE (_____)_____

CELL PHONE (_____)_____

PARENTS MARITAL STATUS:

☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED

CUSTODY: ☐ FATHER ☐ MOTHER ☐ SHARED

OTHER CHILDREN IN FAMILY:

1.Name _____ Age _____ M☐ F☐

School Attending _____

Grade _____

2. Name _____ Age _____ M☐ F☐

School Attending _____

Grade _____

3. Name _____ Age _____ M☐ F☐

School Attending _____

Grade _____

4. Name _____ Age _____ M☐ F☐

School Attending _____

Grade _____

GRANDPARENTS:

Names_____

Address_____

City_____State_____Zip_____

Email Address_____

Names_____

Address_____

City_____State_____Zip_____

Email Address_____

Names_____

Address_____

City_____State_____Zip_____

Email Address_____@_____

Names_____

Address_____

City_____State_____Zip_____

Email Address_____@_____

SIGNATURES:

FATHER'S SIGNATURE _____

DATE _____

MOTHER'S SIGNATURE _____

DATE _____

Application must be accompanied by a $500 non-refundable fee payable to Yeshiva Derech HaTorah.

==========

Yeshiva Derech HaTorah, 2810 Nostrand Avenue, Brooklyn, New York, 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.

==========

FOR OFFICE USE ONLY

Fee - Date Received _____ Amount $_____

☐ Cash ☐ Check #_____ ☐ CC #_____

Name On Card _____

CVV # _____ Exp. _____