



Yeshiva Derech HaTorah
2810 Nostrand Avenue, Brooklyn, NY 11229
(718) 258-4441 • fax (718) 692-2285 • www.ydh.org
Chartered by the Regents of the University of the State of New York

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|------------|
| Interview |
| Date _____ |
| Time _____ |

APPLICATION FOR ADMISSION

APPLYING TO ENTER GRADE _____ IN SEPTEMBER 20____

STUDENT'S NAME _____
First Middle Last

STUDENT'S HEBREW NAME _____
(Please print **in Hebrew letters**) Last Middle First

AGE (As of September 1st) _____ DATE OF BIRTH _____ BIRTHPLACE _____
Yrs. Mos.

ADDRESS _____ ZIP CODE _____

BETWEEN WHICH STREETS _____ HOME TELEPHONE NO. _____

FATHER'S NAME _____ AGE _____ BIRTHPLACE _____

E-MAIL ADDRESS _____ CELL PHONE: _____

OCCUPATION _____ EMPLOYER'S NAME _____

BUSINESS ADDRESS _____ TELEPHONE NO. _____

MOTHER'S NAME _____ AGE _____ BIRTHPLACE _____

E-MAIL ADDRESS _____ CELL PHONE: _____

OCCUPATION _____ EMPLOYER'S NAME _____
(Previous/Present)

BUSINESS ADDRESS _____ TELEPHONE NO. _____

PATERNAL GRANDPARENTS NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____

MATERNAL GRANDPARENTS NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____

OTHER SCHOOLS CHILD HAS ATTENDED _____ ADDRESS _____

IF TRANSFER STUDENT, REASON FOR TRANSFER _____ LAST GRADE _____

NAME OF YOUR SYNAGOGUE AFFILIATIONS _____

NAME OF RABBI _____ RABBI'S PHONE NUMBER _____

LANGUAGES SPOKEN AT HOME _____

REFERRED BY: _____

IS CHILD RECEIVING ANY SPECIAL SERVICES, i.e. O.T., P.T., etc. _____

ANY FAMILY SITUATIONS WE SHOULD BE MADE AWARE OF: _____

HEALTH HISTORY (CHILDHOOD DISEASES, ALLERGIES, etc.) _____

PHYSICAL OR MEDICAL LIMITATIONS: _____

OTHER CHILDREN IN FAMILY

| <u>NAME</u> | <u>AGE</u> | <u>GENDER</u> | <u>SCHOOL ATTENDING</u> | <u>GRADE</u> |
|-------------|------------|---------------|-------------------------|--------------|
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PARENTS MARITAL STATUS: **MARRIED** **DIVORCED** Legal Custody: **shared**, **mother**, **father**
 SEPARATED **WIDOW/WIDOWER**

TERMS OF ENROLLMENT

1. School capacity will be filled in order in which applications are received, accepted and the registration fee is paid.
2. **Applications must be accompanied by \$75 non-refundable application fee payable to Yeshiva Derech HaTorah. There will be a non-refundable \$500 registration fee due upon registration.**
3. Children entering first grade and above may be asked to take an assessment test at a cost of \$250. Information regarding this matter will be provided at the time of the student's interview with the Principal.

MOTHER'S SIGNATURE _____ DATE _____

FATHER'S SIGNATURE _____ DATE _____

Yeshiva Derech HaTorah 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 and does not discriminate in administration of its educational or admissions policies, scholarship program, and athletic and other school administered programs.

FOR OFFICE USE ONLY

APPLICATION FEE - DATE RECEIVED _____ CASH CHECK # _____ CREDIT CARD _____

REGISTRATION FEE - DATE RECEIVED _____ CASH CHECK # _____ CREDIT CARD _____

INTERVIEW DATE _____ GRADE LEVEL: LK on or above GS on or above
 below below

FINDINGS _____

ACCEPTED, NOT ACCEPTED, WAIT-LISTED, NEEDS RETEST

SIGNATURE _____