



YESHIVA DERECH HATORAH HIGH SCHOOL
 2810 NOSTRAND AVENUE BROOKLYN, NY 11229
 (347)492-6611, (718) 258-4441 • FAX (347)492-6613, (718) 692-2285 • WWW.YDH.ORG
 CHARTERED BY THE REGENTS OF THE UNIVERSITY OF THE STATE OF NEW YORK

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

ENTERING GRADE _____ AS OF SEPT. 2023

OTHER CHILDREN IN FAMILY:

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 _____

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 _____

Names _____
 Address _____
 City _____ State _____ Zip _____
 Email Address _____
 Names _____
 Address _____
 City _____ State _____ Zip _____
 Email Address _____

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 _____

GRANDPARENTS:

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 \$750
 non-refundable fee payable to
 Yeshiva Derech HaTorah High School.**

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. _____

PARENTS MARITAL STATUS:
 MARRIED DIVORCED SEPARATED WIDOWED
 CUSTODY: FATHER MOTHER SHARED