



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

תשפ"ד - תשפ"ה 2024 - 2025

ENTERING GRADE \_\_\_\_\_ AS OF SEPT. 2024

STUDENT'S NAME \_\_\_\_\_  
First Middle Last

STUDENT'S HEBREW NAME \_\_\_\_\_  
(In Hebrew letters) Last Middle First

AGE (As of 9/1/24) 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 non-refundable fee. Submission by March 31 - \$500 Submission after March 31 - \$750

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. \_\_\_\_\_