



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

OTHER CHILDREN IN FAMILY:

STUDENT'S NAME _____
First Middle Last

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

AGE (As of 9/1/24) 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

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. _____