



**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

Interview
Date _____
Time _____

**APPLICATION FOR ADMISSION**

**2017-2018 תשע"ז - תשע"ח**

APPLYING TO ENTER GRADE \_\_\_\_\_ IN SEPTEMBER 2017

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

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

AGE (As of 9/1/2017) \_\_\_\_\_ 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>

**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 \_\_\_\_\_