



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 EARLY CHILDHOOD ADMISSION

תשע"ז - תשע"ח - 2017-2018

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 9/1/17) _____ DATE OF BIRTH _____ BIRTHPLACE _____
Yrs. Mos.

ADDRESS _____ ZIP CODE _____

BETWEEN WHICH STREETS _____ HOME TELEPHONE _____

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 and accepted.
2. A medical examination is required for each student by the family physician. A Doctor’s Health Certificate must be on file in the school for the child to be admitted to the school program. Medical forms must indicate that the examination was taken after June 1, 2017 and include all immunization information.
3. **Applications must be accompanied by \$500 non-refundable fee payable to Yeshiva Derech HaTorah for registration.**
4. Parents of children in Pre-1A to Grade 8 are required to attend and participate in all Yeshiva fundraising activities and are responsible for either two reservations to the Annual Dinner or the Dinner Tax.
5. A copy of your child’s birth certificate must accompany this application.

MOTHER’S SIGNATURE _____ DATE _____
FATHER’S SIGNATURE _____ DATE _____

The Yeshiva Derech HaTorah, 2810 Nostrand Avenue, Brooklyn, New York, 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 at the school. It 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

REGISTRATION FEE - DATE RECEIVED _____
 CASH CHECK # _____ VISA/MASTERCARD # _____
INTERVIEW DATE _____ INTERVIEW _____

ACCEPTED NOT ACCEPTED SIGNATURE _____