



**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

## UPK STUDENT FACT SHEET

**PLEASE TAKE THE TIME TO FILL THIS FORM OUT AS ACCURATELY AND THOROUGHLY AS POSSIBLE. BEING HONEST AND UP-FRONT ABOUT ANY SPECIFIC CIRCUMSTANCES WOULD BE IN YOUR CHILD'S BEST INTEREST. THE INFORMATION PROVIDED WILL HELP US CARE FOR YOUR CHILD MOST OPTIMALLY.**

STUDENT'S NAME \_\_\_\_\_

First Middle Last

STUDENT'S HEBREW NAME \_\_\_\_\_

(Please print in Hebrew letters) Last Middle First

AGE AS OF SEPTEMBER 1<sup>ST</sup> \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

Yrs. Mos. MM/DD/YY

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BETWEEN WHICH STREETS \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER'S NAME \_\_\_\_\_

(Previous/Present)

BUSINESS ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER'S NAME \_\_\_\_\_

(Previous/Present)

BUSINESS ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

### PARENTS MARITAL STATUS:

MARRIED  SEPARATED  WIDOW/WIDOWER  DIVORCED Legal Custody:  shared  mother  father

PATERNAL GRANDPARENTS NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MATERNAL GRANDPARENTS NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### OTHER CHILDREN IN FAMILY

NAME      AGE      GENDER      SCHOOL ATTENDING      GRADE

OTHER SCHOOLS CHILD HAS ATTENDED \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME OF YOUR SYNAGOGUE AFFILIATIONS \_\_\_\_\_

NAME(S) OF RABBI(S) \_\_\_\_\_ RABBI'S PHONE NO. \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

PLEASE PROVIDE US WITH INFORMATION THAT MAY APPLY TO YOUR CHILD IN ANY OF THE FOLLOWING CATEGORIES:

EDUCATIONAL NEEDS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD HAVE AN IEP?       YES       NO

IF YES, PLEASE INDICATE FOR WHICH SERVICES YOUR CHILD IS MANDATED AND HOW OFTEN:

SPECIAL ED \_\_\_\_\_  SPEECH \_\_\_\_\_  OT \_\_\_\_\_  PT \_\_\_\_\_  COUNSELING \_\_\_\_\_

OTHER \_\_\_\_\_

LANGUAGE(S) SPOKEN AT HOME: \_\_\_\_\_

SPECIAL FAMILY CIRCUMSTANCES: \_\_\_\_\_

\_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES?       YES       NO

IF YES, PLEASE INDICATE TO WHAT YOUR CHILD IS ALLERGIC \_\_\_\_\_

\_\_\_\_\_

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATIONS?       YES       NO

IF YES, PLEASE INDICATE WHAT YOUR CHILD IS TAKING AND WHAT IT IS MEANT TO ADDRESS \_\_\_\_\_

\_\_\_\_\_

**USING NUMERALS 1-6 PLEASE INDICATE THE PLAN OF ACTION YOU AUTHORIZE YDH TO TAKE IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT.**

# \_\_\_\_\_ CONTACT FATHER \_\_\_\_\_ AT \_\_\_\_\_  
(Name) (Address) (Phone/cellular)

# \_\_\_\_\_ CONTACT MOTHER \_\_\_\_\_ AT \_\_\_\_\_  
(Name) (Address) (Phone/cellular)

# \_\_\_\_\_ CONTACT FAMILY PHYSICIAN \_\_\_\_\_ AT \_\_\_\_\_  
(Name) (Address) (Phone/cellular)

# \_\_\_\_\_ CONTACT RELATIVE OR FRIEND \_\_\_\_\_ AT \_\_\_\_\_  
(Name) (Address) (Phone/cellular)

# \_\_\_\_\_ TAKE CHILD TO EMERGENCY HOSPITAL      # \_\_\_\_\_ TAKE CHILD TO ANY LICENSED PHYSICIAN

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**YDH INCORPORATES THE USE OF STUDENTS' PHOTOGRAPHS FOR EDUCATIONAL, CRAFT, AND SCHOOL - BASED PROJECTS. PLEASE ATTACH A CURRENT PHOTO OF YOUR CHILD FOR US TO REFER TO AND USE ACCORDINGLY.**

I PERMIT THE USE OF MY CHILD'S PHOTOGRAPH FOR USE AS INDICATED ABOVE.

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**YDH INCORPORATES LOCAL WALKS FOR EDUCATIONAL AND RECREATIONAL PURPOSES.**

I PERMIT MY CHILD TO BE ESCORTED ON LOCAL WALKS AS INDICATED ABOVE BY SUPERVISORY STAFF.

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SIGNATURE: FATHER'S \_\_\_\_\_ MOTHER'S \_\_\_\_\_ DATE \_\_\_\_\_

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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.

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