



**YESHIVA DERECH HA TORAH**  
**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

### תש"פ - תשפ"א 2020 - 2021

**ENTERING GRADE \_\_\_\_\_ AS OF SEPT. 2020**

**OTHER CHILDREN IN FAMILY:**

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

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

AGE (As of 9/1/20) 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

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 \$500 non-refundable fee payable to Yeshiva Derech HaTorah.**

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. \_\_\_\_\_