

ADMISSION APPLICATION

YESHIVA HAR TORAH



————— BUILDING THE JEWISH FUTURE ONE CHILD AT A TIME —————

STUDENT INFORMATION

CHILD'S NAME: _____
LAST FIRST (LEGAL) MIDDLE

HEBREW NAME (PLEASE PRINT IN HEBREW): _____

PREFERRED NAME: _____ MALE FEMALE

DATE OF BIRTH: ____ / ____ / ____

HOME ADDRESS: _____

PLACE OF BIRTH: _____ CITIZENSHIP: _____

SOCIAL SECURITY #: ____ - ____ - ____

NAME OF CURRENT SCHOOL: _____

GRADE APPLYING FOR: _____

CHILD'S PHYSICIAN: _____ PHONE NUMBER: _____

PREVIOUS SCHOOLS ATTENDED

DATES ATTENDED

PREVIOUS SCHOOLS ATTENDED	DATES ATTENDED

PARENT INFORMATION

FATHER/GUARDIAN

RABBI DR. MR. OTHER _____

FULL NAME: _____

HEBREW NAME: _____

HOME ADDRESS (IF DIFFERENT THAN
CHILD) _____

HOME TELEPHONE: _____

CELL PHONE: _____

E-MAIL: _____

OCCUPATION: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

MARRIED DIVORCED WIDOWED SEPARATED

IS YOUR CHILD ADOPTED? YES NO

HAS ANYONE IN YOUR FAMILY CONVERTED TO JUDAISM?

CHILD PARENT GRANDPARENT N/A

APPLICANT RESIDES WITH: BOTH FATHER MOTHER OTHER _____

GRANDPARENT INFORMATION

MATERNAL GRANDPARENTS: _____

ADDRESS: _____

PATERNAL GRANDPARENTS: _____

ADDRESS: _____

MOTHER/GUARDIAN

DR. MRS. MS. OTHER _____

FULL NAME: _____

HEBREW NAME: _____

HOME ADDRESS (IF DIFFERENT THAN
CHILD) _____

HOME TELEPHONE: _____

CELL PHONE: _____

E-MAIL: _____

OCCUPATION: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

CONGREGATION AFFILIATION

NAME/ADDRESS: _____

RAV: _____ PHONE NUMBER: _____

OTHER: _____

HOUSEHOLD INFORMATION

FAMILY MEMBERS LIVING AT HOME

NAMES	D.O.B.	SCHOOL ATTENDING	RELATION TO APPLICANT

ADDITIONAL STUDENT INFORMATION

DOES THE APPLICANT RECEIVE SERVICES OR HAVE AN IEP THROUGH THE DISTRICT?
PLEASE SPECIFY. _____

ALLERGIES: _____

INDICATE STUDENT'S PARTICULAR STRENGTHS OR DEFICIENCIES (PHYSICAL,
EMOTIONAL, SOCIAL) _____

ADDITIONAL INFORMATION

HOW DID YOU HEAR ABOUT YESHIVA HAR TORAH? _____

WILL YOU BE REQUESTING SCHOLARSHIP ASSISTANCE? _____

I HEREBY AUTHORIZE YHT TO OBTAIN STATE LOANED TEXTBOOKS, SOFTWARE, AND
LIBRARY BOOKS FOR MY CHILD.

SIGNATURE: _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND TRUE.

PARENT/GUARDIAN SIGNATURE: _____ DATE: ___/___/___

NON-DISCRIMINATORY ADMISSION AND ADMINISTRATION POLICY

YESHIVA HAR TORAH WILL ADMIT 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 THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES, SCHOLARSHIP AND LOAN PROGRAMS OR ANY OTHER SCHOOL ADMINISTERED PROGRAMS.