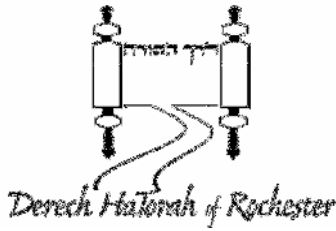


Application for Admission



For 2006-2007 Academic Year

Child's Last Name _____ First _____ Middle _____ Hebrew Name _____

Entering Grade _____ in September of _____ Male Female ☎ Phone _____

📧 Address _____ Place of Birth _____

City _____ State _____ Zip Code _____ Date of Birth (xx/xx/xxxx) ____/____/____

Father's Name (Mr Rabbi Dr) _____ Hebrew Name _____
Circle one

📧 Address _____ ☎ Phone _____ 📧 E-mail _____

City _____ State _____ Zip Code _____ 📱 Cell _____

Employer _____ Occupation _____

Employer Address _____ ☎ Business Phone _____

Mother's Name (Mrs Ms Dr) _____ Hebrew Name _____
Circle one

📧 Address _____ ☎ Phone _____

City _____ State _____ Zip Code _____ 📱 Cell _____

Employer _____ Occupation _____

Employer Address _____ ☎ Business Phone _____

Student's Siblings: (ages 13 & under)

BROTHERS	Name	Birthdate	SISTERS	Name	Birthdate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Maternal Grandparents' Information:

Names _____

Street Address _____

City _____ State _____ Zip Code _____

Paternal Grandparents' Information:

Names _____

Street Address _____

City _____ State _____ Zip Code _____

Pediatrician/Child's Primary Care Physician: _____
Name _____ Phone Number _____

EMERGENCY CONTACT: (if parents cannot be reached)

_____ Relationship to Child _____ Phone Numbers (Home, Cell, Work, etc.) _____

Will you apply for financial assistance for this student? Yes No

Parent's signature _____ Date _____

Please return this application form with your non-refundable registration fee of \$250 per child (which will be applied towards tuition if received before April 1, 2006) to: Derech HaTorah of Rochester, 125 Kings Highway South, Rochester, NY 14617.
Please make check payable to: **TIUNY/Derech HaTorah**