



# Derech HaTorah of Rochester Admission Application 2020—2021



## FATHER ( Mr. Dr. Rabbi )

Last Name	First Name
Street Address	City
State	Zip
Phone	Email
Mobile Phone	Business Phone
Occupation	Employer
Employer Address	

## MOTHER ( Mrs. Ms. Dr. )

Last Name	First Name
Street Address	City
State	Zip
Phone	Email
Mobile Phone	Business Phone
Occupation	Employer
Employer Address	

## MATERNAL GRANDPARENTS INFORMATION

Mr./ Dr./ Rabbi	Mrs./ Ms. /Dr.
Street Address	City
State	Zip
Phone	Email

## PATERNAL GRANDPARENTS INFORMATION

Mr./ Dr./ Rabbi	Mrs./ Ms. /Dr.
Street Address	City
State	Zip
Phone	Email

## MEDICAL INFORMATION & EMERGENCY CONTACT (if parents cannot be reached)

Name	Number
Relationship to Child	
Children's Primary Care Physician	Phone

Will you apply for a scholarship/financial assistance?  no  yes

Do you qualify for the \$1,000 Per Child Tuition offer?  no  yes

Do you qualify for a Bring New Families to DHR tuition discount?  no  yes

If so, please list name(s) of new family/families entering DHR:

~ Please complete application by turning over page ~

Please fill in your children's information below:

**STUDENTS' INFORMATION**

Last Name	First Name	
Middle Name	Hebrew Name	
Entering Grade	in Sept. 2020	Male/ Female
D.O.B.	/ /	Allergies
If entering kindergarten, where did your child attend nursery school?		
Does your child have an IEP? <input type="checkbox"/> no <input type="checkbox"/> yes		
If so, what services is your child currently receiving?		

Last Name	First Name	
Middle Name	Hebrew Name	
Entering Grade	in Sept. 2020	Male/ Female
D.O.B.	/ /	Allergies
Does your child have an IEP? <input type="checkbox"/> no <input type="checkbox"/> yes		
If so, what services is your child currently receiving?		

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Middle Name	Hebrew Name	
Entering Grade	in Sept. 2020	Male/ Female
D.O.B.	/ /	Allergies
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If so, what services is your child currently receiving?		

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Middle Name	Hebrew Name	
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If so, what services is your child currently receiving?		

Last Name	First Name	
Middle Name	Hebrew Name	
Entering Grade	in Sept. 2020	Male/ Female
D.O.B.	/ /	Allergies
Does your child have an IEP? <input type="checkbox"/> no <input type="checkbox"/> yes		
If so, what services is your child currently receiving?		

Please return this completed application form with your non-refundable registration fee of \$250 per child (which will be applied towards tuition if received by March 20, 2020) to:

**Derech HaTorah of Rochester**  
**71 Maiden Lane, Rochester, NY 14616**  
Questions? Please call the DHR office at 585-266-2920

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_