



Derech HaTorah of Rochester Admission Application 2021—2022



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. 2021 | 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. 2021 | 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? | | | |

| | | | |
|---|---------------|--------------|-----------|
| Last Name | First Name | | |
| Middle Name | Hebrew Name | | |
| Entering Grade | in Sept. 2021 | 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? | | | |

| | | | |
|---|---------------|--------------|-----------|
| Last Name | First Name | | |
| Middle Name | Hebrew Name | | |
| Entering Grade | in Sept. 2021 | 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? | | | |

| | | | |
|---|---------------|--------------|-----------|
| Last Name | First Name | | |
| Middle Name | Hebrew Name | | |
| Entering Grade | in Sept. 2021 | 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 \$300 per child (which will be applied towards tuition if received by March 22, 2021) to:

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

Parent Signature: _____ Date: _____