



Derech HaTorah of Rochester Admission Application 2024—2025

Hard copy - also available online at www.derechhatorah.org



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

Do you qualify for the New Family \$7,000 Maximum Tuition?	<input type="checkbox"/> no	<input type="checkbox"/> yes
Do you qualify for the \$10,000 Current DHR Family Tuition Rate?	<input type="checkbox"/> no	<input type="checkbox"/> yes
Do you need to apply for a scholarship?	<input type="checkbox"/> no	<input type="checkbox"/> yes

~ 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. 2024	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?		

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D.O.B.	/ /	Allergies
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Please return this completed application form with your non-refundable registration fee of \$300 per child by 3/31/24. Please note that registration funds are not applied towards tuition.

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

Parent Signature: _____ Date: _____