



Derech HaTorah of Rochester Admission Application 2018—2019

**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 fill in your children's information below:

STUDENTS' INFORMATION

Last Name	First Name	
Middle Name	Hebrew Name	
Entering Grade	in Sept. 2018	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. 2018	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. 2018	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. 2018	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 May 1, 2018) to:

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

Parent Signature: _____ Date: _____