



YESHIVA OF ROCHESTER

STUDENT APPLICATION

PLEASE PRINT CAREFULLY AND LEGIBLY.
FOR ADMISSION AS: DORMITORY NON-DORMITORY

FIRST NAME _____ LAST NAME _____ MIDDLE _____

HEBREW NAME _____ DATE OF BIRTH _____ / _____ / _____ PLACE OF BIRTH _____
MONTH DAY YEAR

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

PARENTS' INFORMATION

FATHER'S NAME _____ PLACE OF BIRTH _____

OCCUPATION _____ CELL PHONE _____ WORK PHONE _____

EMAIL _____

MOTHER'S NAME _____ PLACE OF BIRTH _____

OCCUPATION _____ CELL PHONE _____ WORK PHONE _____

EMAIL _____

GUARDIAN'S NAME _____ PLACE OF BIRTH _____

OCCUPATION _____ CELL PHONE _____ WORK PHONE _____

EMAIL _____

ACADEMIC INFORMATION

NAME OF CURRENT YESHIVA _____ CURRENT GRADE _____

ADDRESS _____ PHONE _____

PREVIOUS SCHOOLS ATTENDED (PLEASE LIST SCHOOL NAME AND YEARS ATTENDED): _____

INDICATE WHICH MESECHTOS AND SIMANIM YOU HAVE LEARNED:

GEMARA _____ HALACHA _____

NAME OF CURRENT MENAHEL _____ PHONE _____

NAME OF CURRENT REBBE _____ PHONE _____

HAVE YOU EVER BEEN DISMISSED FROM ANY SCHOOL? _____

PERSONAL INTERESTS AND STRENGTHS

WHAT EXTRA-CURRICULAR ACTIVITIES DO YOU ENJOY? (SPORTS, MUSIC, READING, ETC.) _____

WHAT SUBJECTS DO YOU LIKE BEST? _____ WHAT SUBJECTS DO YOU LIKE LEAST? _____

WHAT SUBJECTS HAVE BEEN HARDEST FOR YOU? _____

WHAT ARE YOUR GOALS AND AMBITIONS? _____

MEDICAL HISTORY

HAVE YOU EVER HAD A SERIOUS ILLNESS? _____ IF YES, WHAT? _____

DO YOU HAVE ANY PHYSICAL HANDICAPS? _____

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING AND REASON: _____

WHO RECOMMENDED YOU TO OUR HIGH SCHOOL?

PRINCIPAL _____ TEACHER _____ OTHER _____

It is understood that the registration of all students admitted to the Yeshiva is subject to the following conditions: The school reserves the right to require the withdrawal of any student, at any time, for any reason which it deems sufficient. Attendance at the school is dependent upon the maintenance of regular and satisfactory work, both in the Limudei Kodesh and Chol. Students are expected to uphold the moral principles and good name of the Yeshiva at all times - both in school and in their outside activities. I hereby certify that the information given in this application is complete and accurate.

SIGNATURE OF APPLICANT

DATE

We understand the educational policy of your school, and this application is filed with our knowledge, consent, and approval. All applications must be completed and submitted with a non-refundable registration fee.

REGISTRATION FEE: \$250 if submitted before February 1 | \$300 if submitted before April 1 | \$350 if submitted after April 1

CREDIT CARD # _____ CVC _____ EXP. DATE _____

NAME ON CARD _____ BILLING ADDRESS _____

MOTHER'S SIGNATURE

DATE

FATHER'S SIGNATURE

DATE