



# 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 <small>MONTH / DAY / YEAR</small>	PLACE OF BIRTH
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