



YESHIVA PRIMARY

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*******FOR OFFICE USE ONLY*******

Date Started _____	IEP ID #: _____
Date Out _____	Hebrew Grade: _____
Report Card on File _____	General Studies: _____
Lunch Form Completed _____	Bus Stop Confirmation: _____
Medical Form Completed _____	Birth Certificate on File: _____

ENROLLMENT APPLICATION – SCHOOL YEAR 2025-2026

Student Information

Date: _____ Grade Applying For: _____

Last Name: _____ Legal Name: _____

Hebrew Name: _____ Date of Birth: _____

Place of Birth _____ Gender: F / M Date of Bris: _____

Is Child Adopted? _____ Mother's Religion at Birth _____

Social Security _____ Student Mobile Number _____

Mother's Number: _____

Has the child had an education evaluation? _____ If yes, date of evaluation ___/___/___

Has the child ever had an I.E.P. _____ Special Ed _____ General Ed _____

Which School has the child attended before: (List Below)

Pre-School _____ Dates From ___/___/___ to ___/___/___

Grade School _____ Dates From ___/___/___ to ___/___/___

Grade School _____ Dates From ___/___/___ to ___/___/___

(If applicable) Date arrived in U.S.A _____ From which country? _____

How was the summer spent? _____

Who recommended the yeshiva and why? _____

Other children in Family

First Name _____ Age _____ School Attending _____

First Name _____ Age _____ School Attending _____

First Name _____ Age _____ School Attending _____

First Name _____ Age _____ School Attending _____

First Name _____ Age _____ School Attending _____

Father's First Name: _____ Father's Last Name: _____

Name of Synagogue/Organization you attend: _____

Place of Birth: _____ Cohen _____ Levi _____ Yisroel _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mobile: _____ Carrier: _____ Email: _____

Occupation: _____ Company Name: _____

Work Number: _____ Home Number: _____

Mother's First Name: _____ Mother's Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mobile: _____ Carrier: _____ Email: _____

Occupation: _____ Company Name: _____

Work Number: _____ Home Number: _____

Grandparents' Information

Maternal Mother's Name: _____ Maiden Name: _____

Where was she born: Country _____ City _____ Tel: _____

If living, please include current address: _____

Maternal Father's Name: _____ Last Name: _____

Where was she born: Country _____ City _____ Tel: _____

If living, please include current address: _____

Paternal Mother's Name: _____ Maiden Name: _____

Where was she born: Country _____ City _____ Tel: _____

If living, please include current address: _____

Paternal Father's Name: _____ Last Name: _____

Where was she born: Country _____ City _____ Tel: _____

If living, please include current address: _____

EMERGENCY INFORMATION

Please provide other individuals who may be called if parents cannot be reached. At least one such person should be a neighbor.

Name _____ Tel: (____) _____ - _____ Relation _____

Name _____ Tel: (____) _____ - _____ Relation _____

MEDICAL INFORMATION

Family Doctor _____ Tel (____) _____ - _____

Does child have any medical or allergy conditions? _____

If yes, please explain: _____

If your child is sick, does the school have permission to give Tylenol? Yes _____ No _____

Can the school take your child on class trips during school hours, or otherwise transport him/her if buses break down? YES _____ NO _____

I authorize the school to transfer my child to a doctor or hospital in case of a medical emergency.

*PARENT/GUARDIAN SIGNATURE _____ DATE _____

