YESHIVA DERECH HATORAH
2810 NOSTRAND AVENUE BROOKLYN, NY 11229
(718) 258-4441 • FAX (Financial Office) (718) 692-2285, FAX (2nd Floor Office) (718) 677-8230 • WWW.YDH.ORG
CHARTERED BY THE REGENTS OF THE UNIVERSITY OF THE STATE OF NEW YORK

APPLICATION FOR RE-REGISTRATION
2025 - 2026 תשפ"ה - תשפ"ו

ENTERING GRADE _____ AS OF SEPT. 2025

STUDENT'S NAME _____
First Middle Last

STUDENT'S HEBREW NAME _____
*(In **Hebrew letters**)* *Last Middle First*

AGE (As of 9/1/25) Years _____ Months _____

BIRTH DATE _____ BIRTHPLACE _____

ADDRESS _____ ZIP _____

BETWEEN WHICH STREETS _____

HOME PHONE _____

PARENTS:

FATHER'S NAME _____

AGE _____ BIRTHPLACE _____

EMAIL ADDRESS _____

OCCUPATION _____

EMPLOYER'S NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

CELL PHONE _____

MOTHER'S NAME _____

AGE _____ BIRTHPLACE _____

EMAIL ADDRESS _____

OCCUPATION _____

EMPLOYER'S NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

CELL PHONE _____

PARENTS MARITAL STATUS:

☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ REMARRIED
☐ WIDOWED

CUSTODY: ☐ FATHER ☐ MOTHER ☐ SHARED

OTHER CHILDREN IN FAMILY:

1.Name _____ Age _____ M☐ F☐
School Attending _____
Grade _____

2. Name _____ Age _____ M☐ F☐
School Attending _____
Grade _____

3. Name _____ Age _____ M☐ F☐
School Attending _____
Grade _____

4. Name _____ Age _____ M☐ F☐
School Attending _____
Grade _____

GRANDPARENTS:

Names _____
Address _____
City _____ State _____ Zip _____
Email Address _____

Names _____
Address _____
City _____ State _____ Zip _____
Email Address _____

Relevant Important Family Information:

_____
_____
_____

Names _____
Address _____
City _____ State _____ Zip _____
Email Address _____

Names _____
Address _____
City _____ State _____ Zip _____
Email Address _____

SIGNATURES:

FATHER'S SIGNATURE _____

DATE _____

MOTHER'S SIGNATURE _____

DATE _____

Application must be accompanied by a $750 non-refundable fee payable to Yeshiva Derech HaTorah.

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Yeshiva Derech HaTorah, 2810 Nostrand Avenue, Brooklyn, New York, does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

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FOR OFFICE USE ONLY

Fee - Date Received _____ Amount $_____

☐ Cash ☐ Check #_____ ☐ CC #_____

Name On Card _____

CVV # _____ Exp. _____