



www.ydeschool.org | 718.232.0100

# Application for Admission

For term beginning September \_\_\_\_\_

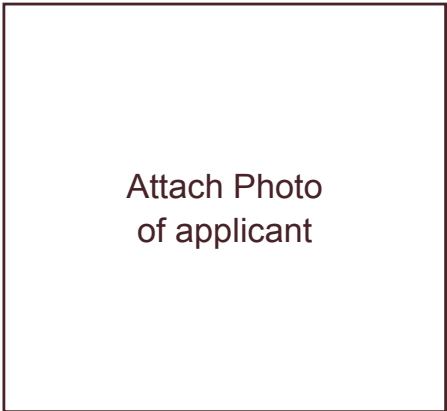
Please send Application to:  
YDE Girls HS Admissions  
325 Ave Y  
Brooklyn, NY 11223  
Please enclose \$200 application fee

Apply online!  
www.ydeschool.org

## Applicant Information

To be completed by applicant's parent(s) or guardian(s). Please answer all questions.

**Please attach a copy of applicant's Birth Certificate as well as the most recent report card**



\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name Middle Initial

\_\_\_\_\_ Hebrew Name Applicant's SSN# Date of Birth

\_\_\_\_\_ Home Address City State Zip Code

\_\_\_\_\_ Home Phone Applicant's Cell Phone

\_\_\_\_\_ Permanent Summer Address City State Zip Code

\_\_\_\_\_ Summer Phone Applicant's Email Address

\_\_\_\_\_ Present Grade Which grades, if any, have been advanced? Repeated? \_\_\_\_\_

Schools Attended	Grade(s)	Does your child receive any special education services? <input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	If yes, please check all that apply.
_____	_____	<input type="checkbox"/> Speech & Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> IEP
_____	_____	<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Other _____
_____	_____	<input type="checkbox"/> Testing Accomodations
		Does your child have any allergies? _____

# Parent Information:

## Applicant's Father

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Father's Full Name Hebrew Name

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Home Address City State Zip Code

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Home Phone Cell Phone Email Address

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Occupation Employer Business Phone

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Business Address City State Zip Code

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Highest Degree Earned Professional Schools

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College Degree / Date

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Secondary School Degree / Date

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Synagogue Affiliation

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Community Activities and Positions Held

## Additional Notes

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## Applicant's Mother

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Mother's Full Name	Maiden Name	Hebrew Name
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Home Address	City	State	Zip Code
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Home Phone	Cell Phone	Email Address
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Occupation	Employer	Business Phone
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Business Address	City	State	Zip Code
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Highest Degree Earned	Professional Schools
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College	Degree / Date
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Secondary School	Degree / Date
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Synagogue Affiliation
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Community Activities and Positions Held
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## Applicant's Grandparents

### Father's Side

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Titles	Grandfather's Name	Grandmother's Name
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Home Address	City	State	Zip Code
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Cell Phone	Email Address
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### Mother's Side

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Titles	Grandfather's Name	Grandmother's Name
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Home Address	City	State	Zip Code
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Cell Phone	Email Address
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# Family Information:

## Applicant's Siblings

Name	Age	School
Name	Age	School
Name	Age	School
Name	Age	School
Name	Age	School
Name	Age	School
Name	Age	School
Name	Age	School

Marital Status:  Married  Separated  Divorced  Widow/Widower

To whom should all correspondence be sent?

Address City State Zip Code

Phone Relationship to Applicant

Who is responsible for tuition payments?