



www.ydeschool.org | 718.232.0100

Apply online! [www.ydeschool.org](http://www.ydeschool.org)

Please send application to:  
YDE Admissions  
P.O. Box 230572 / 49 Ave. T  
Brooklyn, NY 11223  
with \$200 non-refundable  
application fee

# Application for admission

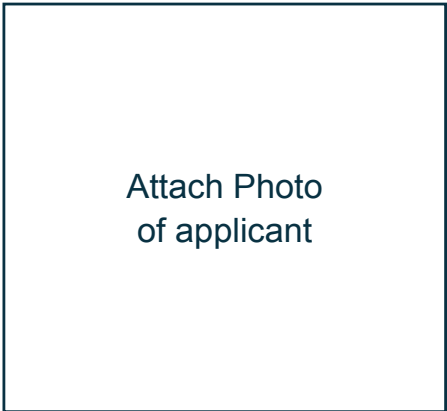
For term beginning September \_\_\_\_\_

- 2 year olds   
  3 year olds   
  4 year olds  
 Kindergarten   
  Grade \_\_\_\_\_

## 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**



\_\_\_\_\_ 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 School Present Grade

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

# Parent Information

## Applicant's Father

---

Father's Full Name Hebrew Name

---

Home Address City State Zip Code

---

Home Phone Cell Phone Email Address

---

Occupation Employer Business Phone

---

Business Address City State Zip Code

---

Highest Degree Earned Professional Schools

---

College Degree / Date

---

Secondary School Degree / Date

---

Synagogue Affiliation

---

Community Activities and Positions Held

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?

## Applicant's Mother

---

Mother's Full Name	Maiden Name	Hebrew Name
--------------------	-------------	-------------

---

Home Address	City	State	Zip Code
--------------	------	-------	----------

---

Home Phone	Cell Phone	Email Address
------------	------------	---------------

---

Occupation	Employer	Business Phone
------------	----------	----------------

---

Business Address	City	State	Zip Code
------------------	------	-------	----------

---

Highest Degree Earned	Professional Schools
-----------------------	----------------------

---

College	Degree / Date
---------	---------------

---

Secondary School	Degree / Date
------------------	---------------

---

Synagogue Affiliation
-----------------------

---

Community Activities and Positions Held
---

## Applicant's Grandparents

### Father's Side

---

Titles	Grandfather's Name	Grandmother's Name
--------	--------------------	--------------------

---

Home Address	City	State	Zip Code
--------------	------	-------	----------

---

Cell Phone	Email Address
------------	---------------

### Mother's Side

---

Titles	Grandfather's Name	Grandmother's Name
--------	--------------------	--------------------

---

Home Address	City	State	Zip Code
--------------	------	-------	----------

---

Cell Phone	Email Address
------------	---------------

# 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

## Important Information

Does your child receive any special education services?  yes  no

If yes, please check all that apply.

- Speech & Language       Physical Therapy  
 Occupational Therapy       Other \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Has your child had any serious illness or accident? \_\_\_\_\_

Did your child have any past school or camp experience?  yes  no

Name of School or Camp \_\_\_\_\_ Length of Time \_\_\_\_\_

How was his/her experience there? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_