



Boys High School | 718.232.0100

Application for admission

Please send application to:
YDE HS Admissions
2533 Coney Island Ave
Brooklyn, NY 11223
with \$200 non-refundable application fee

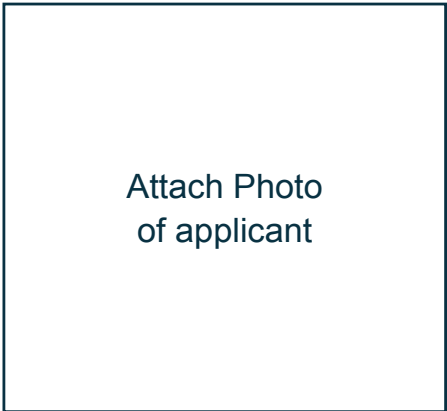
Apply online!
www.ydeschool.org

For term beginning September _____

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
and 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? yes no
If yes, please check all that apply.
 Speech & Language Physical Therapy IEP
 Occupational Therapy Other _____

Does your child have any allergies? _____

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

Additional Notes

Applicant's Mother

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

Community Activities and Positions Held

Applicant's Grandparents

Father's Side

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

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?