



Yeshiva Ketana of Long Island

Application for Elementary Admission

Please attach a recent photo of applicant.
(Mandatory)

Name of Student _____
Last First Hebrew: Last First

Address _____

City _____ State _____ Zip _____ Home Phone # _____

Student's Date of Birth _____ Student's Hebrew Birthday _____

Previous School _____ Present Grade _____ Contact Name and Phone # _____

Briefly explain the reason for this potential transfer: _____

Shul Affiliation _____ Rabbi _____

Name of Parents _____
Father Mother Mother's Maiden Name

Father's Email _____ Mother's Email _____

Father's Occupation _____ Father's Cell# _____

Name of Firm _____

Father's Educational Background: Yeshiva/College _____

Mother's Occupation _____ Mother's Cell# _____

Name of Firm _____

Mother's Educational Background: High School/College _____

Other Children in the Family:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Paternal Grandparents _____
Name Address Phone

Maternal Grandparents _____
Name Address Phone

Is your child currently receiving any services? (i.e. PT, OT, SEIT, Speech, Counseling/Therapy, etc.) _____

If yes, please specify _____

Has /is your child taking any medications? _____ If yes, which ones? _____

Signature of Father _____

Signature of Mother _____

Date _____