



# 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 \_\_\_\_\_