



# Application for Admission to Yeshivas Toras Simcha

Nursery | Pre-1A | 1st Grade | 2nd Grade | 3rd Grade | 4th Grade | 5th Grade

Please enclose a \$250 non-refundable admission fee (which will be applied toward tuition).

Send additional items now or within 30 days:	<input type="checkbox"/> Copies of immunization records and any evaluations or related reports <input type="checkbox"/> A copy of your son's birth certificate <input type="checkbox"/> A recent picture of your son	Application Date: _____
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LAST NAME	FIRST (AND MIDDLE) NAME	FULL HEBREW NAME <i>(Please write in Hebrew)</i>	NAME CALLED

FOR ADMISSION FOR SCHOOL YEAR	TO GRADE	HEBREW DATE OF BIRTH	SECULAR DATE OF BIRTH
August / September 20____			

FATHER'S TITLE	FATHER'S NAME	FATHER'S OCCUPATION (Position and Business Name)
MOTHER'S TITLE	MOTHER'S NAME	MOTHER'S OCCUPATION (Position and Business Name)

HOME ADDRESS	CITY/STATE	ZIP CODE

MARITAL STATUS	MOTHER'S MAIDEN NAME	HOME TELEPHONE NUMBER
FATHER'S CELL #	FATHER'S WORK #	FATHER'S EMAIL
MOTHER'S CELL #	MOTHER'S WORK #	MOTHER'S EMAIL

SHUL WITH WHICH PARENTS ARE AFFILIATED	
NAME OF RAV	TELEPHONE #

PATERNAL GRANDPARENTS (Name, Address, Phone)	MATERNAL GRANDPARENTS (Name, Address, Phone)

IS YOUR SON A KOHEN, LEVI OR YISROEL?	IS EITHER PARENT DECEASED, DIVORCED OR REMARRIED?	WAS YOUR SON OR EITHER OF HIS PARENTS OR ANY OF HIS GRANDPARENTS ADOPTED OR CONVERTED TO JUDIASM?
		<i>If yes, please provide date, place, officiating Rabbi and documentation.</i>

PLAYGROUP/SCHOOL NAME	TEACHER	PHONE #
<i>Current</i>		
<i>Previous</i>		
<i>Previous</i>		

SIBLING'S NAMES	AGE	SCHOOL ATTENDING

**MEDICAL ISSUES:**

LIST ANY ALLERGIES YOUR SON HAS	LIST ANY MEDICATIONS YOUR SON TAKES REGULARLY
PEDIATRICIAN NAME & PHONE	ARE ALL OF YOUR SON'S IMMUNIZATIONS UP TO DATE?
	<i>Include a copy of his record</i>
PLEASE DESCRIBE ANY ALLERGIES, MEDICATIONS OR OTHER MEDICAL CONCERNS	

**DEVELOPMENTAL ISSUES:**

<b>DID YOUR SON RECEIVE EARLY INTERVENTION SERVICES?</b> If yes, please list each service, service provider and contact information. Provide any applicable reports.
<b>DOES YOUR SON REQUIRE ANY SPECIALIZED ATTENTION IN A CLASS SETTING?</b> If yes, please describe.
<b>DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD IN THE FOLLOWING AREAS: Physical (Gross/Fine Motor, Social/Emotional, Academic, Speech, Behavioral, Difficulty with toilet training)?</b> If yes, please describe:
<b>PLEASE SHARE ANY ADDITIONAL INFORMATION THAT YOU THINK WILL HELP US UNDERSTAND YOUR SON</b> <i>(special abilities, needs, etc.)</i>

Please sign your completed application and mail it with your \$250 non-refundable admission fee (which will be applied toward tuition) to: Yeshivas Toras Simcha, 7501 Park Heights Avenue, Baltimore, Maryland, 21208. A copy of your son's birth certificate, a recent picture of him, a copy of his immunization records and any other requested documentation can either be sent now or within 30 days. Once we receive your completed application, we will contact you to schedule a personal interview. After the interview, you will receive an application status letter (accepted, not accepted, wait-listed). If you have any questions, please call 410-484-0279 or email: office@yeshivasts.org.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date