



Yeshivas Toras Simcha

Application Form

Please circle:

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

6th Grade / 7th Grade / 8th Grade

CHILD'S INFORMATION

Child's name: _____
First middle last

Full Hebrew name: _____ Preferred name: _____

Secular birthday: _____ Hebrew birthday: _____

Address:

_____ street

_____ City state zip



CHILD'S FATHER

Father's Title: _____ Fathers name: _____

Father's name in Hebrew: _____

Cell phone: _____ Email: _____

Home address (if different) _____

Yeshiva Education: _____

Secular Education: _____

Occupation / firm: _____ Work number: _____

CHILD'S MOTHER

Mother's Name: _____

Mother's name in Hebrew: _____

Marital status _____ Maiden name: _____

Occupation: _____ Mother's Work number: _____

Cellphone: _____ Email: _____

GRANDPARENTS

Paternal: (Name, Address, Email, Phone)

Maternal: (Name, Address, Email, Phone)



Emergency Contact #1: *(Name, Number, Relationship)*

Emergency Contact #2: *(Name, Number, Relationship)*

Pediatrician Name and Phone Number

(Please attach a copy of your your sons up to date immunizations)

Does your son have any **allergies?** *(Please specify)*

Shul affiliation: _____

Family Rav: *(Name and Phone Number)*

Siblings: *(Name, School and Age)*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Schools your son previously attended:

Who recommended you to Toras Simcha?

Please describe your child in a few short sentences.

Please list and describe any special abilities that your son possesses:

Does your child receive any supplement services? (*OT, PT, Speech, ABA ect.*)

Does your child have any medical condition, behavioral pattern or emotional issue that might affect his learning in a classroom in a significant way? Please detail.

Is your child up to date on all his immunizations? _____

Please list any daily medications that your son takes (*eg. Asthma, ADHD, etc.*)



Is your son a Kohen, Levi or Yisrael? _____

Was your child / parent / grandparent converted to Judaism? If so, please list the date, place, and the Rabbi who officiated.

Has your child been awarded with any achievement award for academics or outstanding behavior in any area?

Has your child ever been dismissed from a school for any reason?

Does your child have any specific educational needs outside of the regular classroom program?

Prior to acceptance, divorced parents will be required to provide documentation regarding custody, visitation and tuition arrangements. Toras Simcha has a policy regarding parent rights and responsibilities which explains our policies for dual



households. In most cases both parents will receive all official communications from the school. This application must be signed by both parents: if this is not possible please contact our Office to explain further at 410-484-0279.

Toras Simcha is excited about our innovative programming which provides special opportunities for students, parents and grandparents to grow together. Your signature below indicates that you give permission to Toras Simcha to use images and pictures taken during school and classroom activities.

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, 110 Sudbrook Ln., 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

