



# YTS APPLICATION

**Thank you for your interest in  
Yeshivas Toras Simcha!**

Please fill out an application for every child applying,  
and please include a current picture of your child.

We will contact you to schedule a tour when your  
application is received.

Thank you!

**please circle**

Pre-Nursery (3 year old) / Nursery (4 year old) / Pre 1A /

1st Grade / 2nd Grade / 3rd Grade / 4th Grade / 5th Grade /

6th Grade / 7th Grade / 8th Grade

**child's information**

Child's First Name \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Full Hebrew name \_\_\_\_\_

Preferred name \_\_\_\_\_

Secular birthday \_\_\_\_\_

Hebrew birthday \_\_\_\_\_

**address**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**father's information**

Father's title \_\_\_\_\_ Father's name \_\_\_\_\_

Father's Hebrew name \_\_\_\_\_

Father's cell \_\_\_\_\_

Father's email \_\_\_\_\_

Home address (if different)

\_\_\_\_\_  
\_\_\_\_\_

Yeshiva Education \_\_\_\_\_

Secular Education \_\_\_\_\_

Occupation / firm \_\_\_\_\_

Work number \_\_\_\_\_

**please circle**

Kohen

Levi

Yisroel

**mother's information**

Mother's title \_\_\_\_\_ Mother's name \_\_\_\_\_

Mother's Hebrew name \_\_\_\_\_

Mother's cell \_\_\_\_\_

Mother's email \_\_\_\_\_

Home address (if different)

\_\_\_\_\_

\_\_\_\_\_

Marital Status \_\_\_\_\_ Maiden Name \_\_\_\_\_

Occupation / firm \_\_\_\_\_

Work number \_\_\_\_\_

**grandparents**

Paternal Grandparents' Names \_\_\_\_\_

address / email / phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Maternal Grandparents' Names \_\_\_\_\_

address / email / phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**emergency contacts**

Contact #1

Name \_\_\_\_\_

phone \_\_\_\_\_

Relationship \_\_\_\_\_

Contact #2

Name \_\_\_\_\_

phone \_\_\_\_\_

Relationship \_\_\_\_\_

**pediatrician**

Name \_\_\_\_\_

phone \_\_\_\_\_

allergies

\_\_\_\_\_

\_\_\_\_\_

**family Rav**

Name \_\_\_\_\_

phone \_\_\_\_\_

Shul affiliation (if different) \_\_\_\_\_

**siblings**

Names

ages

schools

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

**previous schools this child attended**

Schools

grades

_____	_____
_____	_____
_____	_____
_____	_____

**who recommended us?**

\_\_\_\_\_

\_\_\_\_\_

**about your child**

Please describe your child in a few sentences

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Please list your son's special talents or abilities

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

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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.

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Please list any medications that your son takes (ADHD, asthma, etc.)

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

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

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

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Does your son have an IFSP/IEP? \_\_\_\_\_

If yes, please share it with the school. We maintain strict confidentiality with this and all sensitive information that parents share with the school.

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

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## **dual households**

Prior to acceptance, divorced parents will be required to provide documentation regarding custody, visitation and tuition arrangements. Toras Simcha maintains a policy regarding parent rights and responsibilities 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.

## **pictures and videos**

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.

## **final steps!**

Please sign your completed application and mail it to: Yeshivas Toras Simcha, 110 Sudbrook Ln., Baltimore, Maryland, 21208 or emailed to [office@yeshivasts.org](mailto:office@yeshivasts.org). Once we receive your completed application, we will contact you to schedule tour and a personal interview. Some time after the interview, you will receive an application status letter (accepted, not accepted, wait-listed).

If you have any questions at any time throughout this process, please feel free to contact us at 410-484-0279 or email: [office@yeshivasts.org](mailto:office@yeshivasts.org).

## **signatures**

Father's signature \_\_\_\_\_

Mother's signature \_\_\_\_\_

**thank you for your application  
to Yeshivas Toras Simcha!**