



BEIS MEDRASH APPLICATION FOR ADMISSION

7045 N 12th Street., Phoenix , Arizona 85020 602-266-1213 1 800 660-0335(fax)

I. APPLICANT INFORMATION

Application for which year of beis Medrash for the upcoming year? *

Applicant's English Name: *

First Name Last Name

Applicant's Hebrew Name: *

Will you require dormitory arrangements? *

YES

NO

Date of Birth *



Month Day Year

Hebrew Date of Birth: *

Social Security Number: *

Current Yeshiva: *

II. FATHER'S INFORMATION

Father's Name *

First Name

Last Name

Father's Hebrew Name: *

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Father's Phone Number *

Please enter a valid phone number.

Home Number *

Please enter a valid phone number.

Cell Number *

Please enter a valid phone number.

Email *

example@example.com

Father's Occupation *

Place of Employment *

III. MOTHER'S INFORMATION

Mother's Name *

First Name

Last Name

Mother's Hebrew Name *

Mother's Address (If different than above) *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Mother's Home Phone Number *

Please enter a valid phone number.

Cell Number *

Please enter a valid phone number.

Work Number *

Please enter a valid phone number.

Email *

example@example.com

Mother's Occupation *

Place of Employment *

Please List Siblings Of Applicant: *

IV. OTHER INFORMATION

Shul affiliation, If any: *

Maternal grandparents' names and address: *

If parents are separated, divorced or if either parent is deceased, please indicate. If divorced or separated, applicant lives with: *

V. Please Complete – This information is confidential.

Has applicant ever seen a therapist ? If so, written reports must be included. List Name and contact information of therapist: *

Does applicant have any current health problems or particular disabilities? (If yes, please specify) *

VI. Current School

Is the applicant taking any medications? If so, indicate name and dosage: *

Is the applicant current on all Immunizations? *

Has applicant ever been asked to leave a school or not return for the new school year? If yes, please explain: *

Name and Location of Current School *

Current Principal *

Principal's Phone number *

Please enter a valid phone number.

Name of present Rebbe: *

Rebbe's Phone Number *

Please enter a valid phone number.

All applicants must:

- 1) Enclose copy of birth certificate with application
- 2) Enclose completed medical forms and emergency contact information with enrollment contract, especially a clear front & back copy of insurance card
- 3) Bechina with Rabbi Goetz

Please List In Chronological Order All Previous Schools Applicant Has Attended: Include the Name of School & years attended with a complete Address, Phone & fax numbers. Include the names of the Roshei Yeshivos *

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Yeshiva High School of Arizona admits Jewish students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered program.

Describe the courses (if applicable) the applicant is taking this year: *

Remittance of an application fee of \$50 is non-refundable.

A paper Application can be downloaded at www.azyeshiva.org/beismedrash and should be sent to:
Yeshiva High School of Arizona ~ 7045 N. 12th Street. ~ Phoenix, AZ 85020 or by email
office@azyeshiva.org

Date



Month Day Year