



בית יעקב אורות שרה
BET YAAKOV OROT SARAH
 1123 Avenue N
 Brooklyn New York 11230
 Tel: (718) 627-8758
 Fax: (718) 336-0149

32. Name and address of Grandparents

Paternal: _____ Address: _____ Phone: _____

Maternal: _____ Address: _____ Phone: _____

33. In what organization are the parents active,? _____

34. Who recommended you to Bet Yaakov Orot Sarah? _____

Briefly describe your reasons for selection of Bet Yaakov Orot Sarah for your child and the specific immediate goals that you want from our school.

35. Is there any information about your child or your home that would be helpful to us in understanding your daughter? _____

36. Do you have a television in your home? No _____
 Yes _____

37. Do your children have any access outside of the home to a television? No _____
 Yes _____

38. Do you have the Internet in your home? No _____
 Yes _____

39. Please attach family photo

Signature of Parent _____

For Office Use Only:

Final decision of application _____

Approved _____

Disapproved _____

Grade Placement: Limude Kodesh _____ General Studies _____

Remarks: _____

**APPLICATION FOR ADMISSION
 PRE-SCHOOL – ELEMENTARY**

Name of Student _____

Address _____ Zip _____

Telephone No. _____ Age _____

Mother Cell No. _____ Email Address: _____

Father Cell No. _____ Email Address: _____

GRADE COMPLETED AS OF JUNE _____ Limude Kodesh _____
 General Studies _____

Name of Parents _____

Date _____

Child's Hebrew name _____

Hebrew spelling of first name _____ Hebrew spelling of last name _____

1. Date of birth English _____ Hebrew _____ 2. Place of birth _____

3. Height _____ 4. Weight _____ 5. Language spoken at home _____

6. If foreign born, date of arrival in U.S.A. _____

7. How many children in family _____ 8. Applicant's numerical position in family _____

9. List names of brothers and sisters in order of their age and last school and summer camp or bungalow colony they attended:

NAME	AGE	SCHOOL	BUNGALOW COLONY SUMMER CAMP

10. Yeshiva or Pre-school attended _____

Dates attended _____

11. For students entering grades 2-8 only: Please enclose copies of the most recent Limudei Kodesh and General Studies report cards.

12. Has the child any particular physical, emotional or learning disabilities? _____

If yes, please explain _____

13. Does the child receive or has she received related services?

Speech Occupational therapy Physical therapy SEIT Other _____

If so, when did the child begin services? _____

Through which agency did/does the child receive services? _____

14. Has the child experienced any serious illness or accident? _____

If so, give dates and nature of illness _____

15. What is the child's general behavior at home? _____

16. What has been the child's general behavior in school? _____

17. Has the child ever been dismissed from any school? _____

If yes, please explain _____

18. Does the child attend any youth groups on שבת? _____ If yes, specify: _____

19. What are the child's leisure activities? _____

20. Father's name _____

21. Father's profession or business _____

22. Name and address of place of employment _____

Business Telephone # _____

23. Country of father's birth _____ Date of arrival to U.S.A. _____

24. School attended by father:

Mesivta _____

Beit Medrash _____

Kollel _____

25. With which Yeshiva, Rosh Yeshiva or Rav does father maintain a close affiliation?

26. Father's secular education:

High School _____ Post High School _____

27. Congregation with which Father is affiliated _____

Name of Rabbi _____

28. Mother's name _____ Mother's maiden name _____

Birthplace _____

29. Mother's Occupation _____

30. Business address _____ Telephone # _____

31. Mother's education: Hebrew _____ General _____

Name child is called at home _____