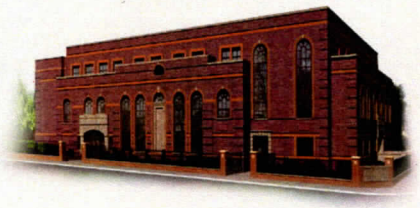
YESHIVAS NOVOMINSK
KOL YEHUDA



ישיבת נאוואמינסק
קול יהודא

1690 60th Street, Brooklyn, NY 11204 • Tel: 718.438.2727 • Fax: 718.438.2472

בס"ד

APPLICATION FOR ADMISSION

Applicant's Full Name _____ **Age** _____
Last First

Legal Name _____ Called (if diff. than above) _____

Date of Birth (English)_____ **Soc. Sec. #** _____ Birthplace _____

Address _____ Zip _____

Telephone # _____ Fax # _____

Father's Name _____ Cell # _____ Email _____

(first & maiden)
Mother's Name _____ Cell #_____ Email _____

*** **Please circle the email address checked regularly to be used for Yeshiva correspondence** ***

Shul father attends (Shabbos) _____

Rav of Shul _____ Family Rav (if different) _____

Is the father a graduate of Yeshivas Novominsk? _____ If no, Yeshiva father attended_____

Does/Did applicant have any siblings in Yeshivas Novominsk? ❑ No ❑ Currently ❑ Previously

Language used at home? _____

If foreign born, year of arrival in USA? _____

How many children in family? _____ Boys _____ Girls

Applicant's numerical position in family? _____

	Yeshiva Name	Address	Telephone #	Completed Grades	Years Attended From To
Current:					
Previous:					

Current Grade: Hebrew _____ English _____

Rebbe's Name _____ Cell #: _____ Home #: _____

How many Dafim of Gemara learned last year? _____ # of Tosfos per Daf? _____

Which Masechta currently learning? _____ Perek _____

Will your son be taking any NYS Regents Exams in 8th grade?_____ If yes, which ones? _____

(Please be aware that our Yeshiva will not be held responsible to fill the session times during the regents course which was already taken by your son.)

(CONTINUE ON BACK)

Please specify if your child has any health issues/allergies or learning disabilities: _____

_____

Does your son do any learning out of Yeshiva? (explain) _____

_____

Please rate your child's fluency in kriah (circle one): טוב- טוב טוב מאוד מצוין

Does your son partake of any extra-curricular activities (ex.- 'Y', Exercise Program etc...)? _____

_____

Where was your son's last summer spent? _____

Is there a computer in the home? _____ Is there internet in the home? _____

Is there a filter on the computer? _____ If yes, which one? _____

Does your son have his own cell phone? _____ If yes, phone # please: _____

Parent Occupations:

Father's Occupation_____ Business Name _____

Bus. Tel. # _____ Bus. Fax # _____ Email_____

Bus. Address _____ Zip _____

Mother's Occupation_____ Business Name _____

Bus. Tel. # _____ Bus. Fax # _____ Email_____

Bus. Address_____ Zip _____

Summer Address _____ Tel. # _____

In what organizations are the parents active? _____

Grandparents: Paternal

Last Name: _____

Rabbi/Mr. _____ Mrs. _____

Address: _____

_____

Home Tel: _____

Cell: _____

Email: _____

Grandparents: Maternal

Last Name: _____

Rabbi/Mr. _____ Mrs. _____

Address: _____

_____

Home Tel: _____

Cell: _____

Email: _____

Important: Mesivta Applicants- please attach a copy of most recent report card.

Beis Medrash Applicants must submit parents' 2021 tax return and High School diploma.

Parent/Guardian Signature: _____ Date: _____