

HIGH SCHOOL APPLICATION FORM 2025

PLEASE ATTACH
RECENT PHOTO

LAST NAME: _____ FIRST NAME (LEGAL): _____ GOES BY: _____

HEBREW NAME: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

ADDRESS: _____ HOME #: _____

FATHER'S NAME: _____ HEBREW NAME: _____

MOTHER'S NAME: _____ HEBREW NAME: _____

PARENTS' MARITAL STATUS: ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED

FATHER'S OCCUPATION: _____ EMPLOYER: _____

CELL#: _____ WORK #: _____ EMAIL: _____

MOTHER'S OCCUPATION: _____ EMPLOYER: _____

CELL#: _____ WORK #: _____ EMAIL: _____

NAME OF SHUL WHERE APPLICANT'S FAMILY DAVENS: _____

RAV'S NAME: _____ PHONE: _____

PATERNAL GRANDPARENTS NAME: _____

ADDRESS: _____

HOME #: _____ EMAIL: _____

MATERNAL GRANDPARENTS NAME: _____

ADDRESS: _____

HOME #: _____ EMAIL: _____

LIST BROTHERS AND SISTERS IN ORDER OF AGE AND ALL SCHOOLS ATTENDED BY EACH:

NAME: _____ GRADE: _____ SCHOOL: _____

NAME: _____ GRADE: _____ SCHOOL: _____

NAME: _____ GRADE: _____ SCHOOL: _____

NAME: _____ GRADE: _____ SCHOOL: _____

NAME: _____ GRADE: _____ SCHOOL: _____

PLEASE ATTACH AN ADDITIONAL PAPER IF ADDITIONAL SPACE IS NEEDED

NAME OF YESHIVA CURRENTLY ATTENDING: _____ GRADE: _____

CURRENT REBBI: _____ PHONE: _____

LAST YEAR'S REBBI: _____ PHONE: _____

WHICH מסכת AND פרק IS THE APPLICANT CURRENTLY LEARNING? _____

WHICH פרקים/מסכתות DID HE LEARN IN 6TH AND 7TH GRADE? _____

IF APPLICANT HAS ATTENDED OTHER SCHOOLS, PLEASE LIST THEM BELOW:

NAME OF SCHOOL: _____ PHONE: _____ DATES ATTENDED: _____

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HOW DID THE APPLICANT SPEND THE PAST TWO SUMMERS? _____

PLEASE SPECIFY WHICH (IF ANY) REGENTS COURSES YOU ARE TAKING THIS YEAR _____

DOES YOUR SON RECEIVE ANY ACADEMIC SUPPORT IN OR OUT OF SCHOOL? IF YES FOR WHICH SUBJECTS? _____

DESCRIBE ANY SPECIAL MEDICAL NEEDS YOUR SON MAY HAVE: _____

WHO RECOMMENDED YESHIVA KEREN HATORAH _____

Attendance at the Yeshiva is a privilege, not a right. It is understood that the registration of all students admitted to the school is subject to the following conditions: The school reserves the right to require withdrawal of any student at any time for any reason which it deems sufficient. Attendance at the school is dependent upon the maintenance of regular and satisfactory work, both in the hebrew and secular departments. The student is required to familiarize himself with and to abide by all regulations of the Yeshiva. Students are expected to uphold the moral principles of the Yeshiva at all times, both in the Yeshiva and in their outside activities.

WE HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE.

WE UNDERSTAND THE EDUCATIONAL POLICY OF YOUR SCHOOL, AND THIS APPLICATION IS FILLED WITH OUR KNOWLEDGE, CONSENT AND APPROVAL.

DATE: _____

FATHER'S SIGNATURE: _____ MOTHER'S SIGNATURE: _____

APPLICATION FEE OF \$100 WILL BE PAID VIA: ☐ CHECK (60 ALBION STREET, PASSAIC NJ) ☐ CREDIT CARD

NAME ON CARD _____ CARD NUMBER _____

EXPIRATION DATE _____ CVV _____ SIGNATURE _____

APPLICATION DEADLINE: DECEMBER 20

**PLEASE RETURN THE COMPLETED FORM AND RECENT PHOTO OF APPLICANT TO OFFICE@YKHPC.ORG
OR MAIL TO 60 ALBION STREET, PASSAIC NJ 07055**

APPLICATIONS CANNOT BE PROCESSED UNTIL THE COMPLETED PRINCIPAL REPORTS AND REPORT CARDS HAVE
BEEN RECEIVED DIRECTLY FROM YOUR SON'S SCHOOL.

NO APPLICANT IS CONSIDERED ACCEPTED WITHOUT A LETTER OF ACCEPTANCE.

מנהל's REPORT

PLEASE COMPLETE THE ENCLOSED FORM. ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.
THANK YOU FOR YOUR COOPERATION.

APPLICANT'S NAME: _____ ADDRESS: _____

SCHOOL: _____ מנהל's NAME: _____ מנהל's PHONE: _____

PLEASE RATE THE APPLICANT TO THE BEST OF YOUR ABILITY IN EACH CATEGORY BELOW FROM 1-5
(1 = UNACCEPTABLE 5 = EXCELLENT)

גמרא READING	
גמרא UNDERSTANDING	
כשרונות	
EFFORT	
CLASSROOM PARTICIPATION	
BEHAVIOR	
MATURITY	
CLASS ATTENDANCE AND PUNCTUALITY	

תפילה	
תפילה - ATTENDANCE	
RESPONSIBILITY	
HONESTY	
LEADERSHIP ABILITY	
RELATIONSHIP WITH PEERS	
RELATIONSHIP WITH ADMINISTRATION & RABBEIM	
PARENTAL PARTICIPATION	

DESCRIBE ANY LEARNING DISABILITIES, PERSONAL OR FAMILY ISSUES THAT HAVE AFFECTED OR MAY AFFECT HIS ABILITY TO PERFORM IN SCHOOL: _____

IF THE STUDENT HAS BEEN SUSPENDED IN THE PAST 3 YEARS, PLEASE LIST THE DATES AND DETAILS OF EACH SUSPENSION:

DESCRIBE THE STUDENT'S GREATEST STRENGTH AND HIS GREATEST CHALLENGE

ADDITIONAL RELEVANT INFORMATION OR COMMENTS:

מנהל'S SIGNATURE:

RETURN COMPLETED FORM TOGETHER WITH A COPY OF THE APPLICANT'S 7TH AND 8TH GRADE
לימודי קודש REPORT CARDS DIRECTLY TO **OFFICE@YKHPC.ORG**
OR MAIL TO **60 ALBION STREET, PASSAIC NJ 07055**

APPLICATIONS CANNOT BE PROCESSED WITHOUT THIS COMPLETED FORM AND THE REPORT CARDS.

GENERAL STUDIES PRINCIPAL'S REPORT

PLEASE COMPLETE THE ENCLOSED FORM. ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.
THANK YOU FOR YOUR COOPERATION.

APPLICANT'S NAME: _____ ADDRESS: _____

SCHOOL: _____ PRINCIPAL'S NAME: _____ PHONE: _____

PLEASE RATE THE APPLICANT TO THE BEST OF YOUR ABILITY IN EACH CATEGORY BELOW FROM 1-5
(1 = UNACCEPTABLE 5 = EXCELLENT)

ACADEMIC PERFORMANCE	
CLASSROOM PARTICIPATION	
EFFORT	
MOTIVATION	
BEHAVIOR	
MATURITY	
CLASS ATTENDANCE AND PUNCTUALITY	

INTELLECTUAL ABILITY	
RESPONSIBILITY	
HONESTY	
LEADERSHIP ABILITY	
RELATIONSHIP WITH PEERS	
RELATIONSHIP WITH ADMINISTRATION & TEACHERS	
PARENTAL PARTICIPATION	

DESCRIBE ANY LEARNING DISABILITIES, PERSONAL OR FAMILY ISSUES THAT HAVE AFFECTED OR MAY AFFECT HIS
ABILITY TO PERFORM IN SCHOOL: _____

IF THE STUDENT HAS BEEN SUSPENDED IN THE PAST 3 YEARS, PLEASE LIST THE DATES AND DETAILS OF EACH SUSPENSION:

DESCRIBE THE STUDENT'S GREATEST STRENGTH AND HIS GREATEST **CHALLENGE**

ADDITIONAL RELEVANT INFORMATION OR COMMENTS:

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