



# YESHIVA OF GREAT NECK

## Application for Admission

### Admissions information:

Rabbi Strassfeld (Menahel): 646-256-0253

[Info@yeshivaofgreatneck.org](mailto:Info@yeshivaofgreatneck.org)

[www.yeshivaofgreatneck.org](http://www.yeshivaofgreatneck.org)

Please fill out this application in full and then send it in to: [Info@yeshivaofgreatneck.org](mailto:Info@yeshivaofgreatneck.org)

## General Information

Student's Full Name:

---

Name Student Goes By:

---

Home Address:

---

City:

State:

Zip:

---

Home Phone: (    )

---

Name of School Currently Attending:

---

Has the student attended any other schools in the past?

No

Yes

---

If yes, please list them in order of most recent to least recent, with dates attended:

---

---

---

### Family Information

Father's Information	
Father's Full Name: (Including Title)	Place of Birth:
Occupation:	Business Name:
Home Phone: (     )	Business Phone: (     )
Cell (If different from Home): (     )	Email Address:
Father's Full Home Address:	

Mother's Information	
Mother's Full Name: (Including Title)	Place of Birth:
Occupation:	Business Name:
Home Phone: (     )	Business Phone: (     )
Cell (If different from Home): (     )	Email Address:
Mother's Full Home Address (If different):	
Parent's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widow(er)	

<b>Paternal Grandparents:</b>	
<b>Address:</b>	
<b>Home Phone:</b> (     )	<b>Email:</b>



# YESHIVA OF GREAT NECK

## Application for Admission

<b>Maternal Grandparents:</b>	
<b>Address:</b>	
<b>Home Phone:</b> (    )	<b>Email:</b>

<b>Sibling Information:</b>			
Please fill out the list below with any relevant information of all of the applicant's siblings.			
Name	Age	Grade	School Currently Attending
1)			
2)			
3)			
4)			
5)			
6)			
7)			

## References

Please provide contact information for the following references:

	Name	Phone	Email Address
1) Current Menahel			
2) General Studies Principal			
3) Current Rebbe			
4) Shul Rav			
5) (Optional) Any other reference you feel may be helpful			



# YESHIVA OF GREAT NECK

## Application for Admission

On the space below, please write briefly what you are looking for in a high school for your son:

---

---

---

---

---

---

---

### Other Student Information

Does the student own, or plan to own within the next year, a phone?

Yes

No

If yes, what type of phone?

Smartphone

Basic/Flip-phone

Does the student receive any resource room or extra help in school? If yes, please describe:

Does the student have any special needs, disabilities, learning impediments, or any other special considerations?

Does the student currently take any medications? If yes, for what conditions?

Is there anything about your son that you think we should know so we can best service him, and fill his needs?

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Father: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_

Date: \_\_\_\_\_

Please fill out this application in full and then send it in to: [Info@yeshivaofgreatneck.org](mailto:Info@yeshivaofgreatneck.org)