



## APPLICATION FOR ADMISSION

Application for which grade for the 20\_\_-20\_\_ Academic Year? Circle one  
9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>



### I. APPLICANT INFORMATION

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

Will you require local lodging arrangements?      Yes     No

Applicant's English Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Applicant's Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hebrew Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_

### FATHER'S INFORMATION

Father's Full Name: \_\_\_\_\_ Father's Hebrew Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: home - \_\_\_\_\_ cell - \_\_\_\_\_ work: \_\_\_\_\_

Occupation / Place of Employment:  
\_\_\_\_\_

Business Address:  
\_\_\_\_\_

Email Address: \_\_\_\_\_



**III. MOTHER'S INFORMATION**

Mother's Full Name: \_\_\_\_\_ Mother's Hebrew Name: \_\_\_\_\_

Home Address:

\_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: home - \_\_\_\_\_ cell - \_\_\_\_\_ work: \_\_\_\_\_

Occupation / Place of Employment:

\_\_\_\_\_

Business Address:

\_\_\_\_\_ Email Address: \_\_\_\_\_

1.) Siblings of Applicant and Birth Dates:

_____	_____
_____	_____
_____	_____
_____	_____

**IV. OTHER INFORMATION**

Synagogue affiliation, if any: \_\_\_\_\_

If parents are separated, divorced or if either parent is deceased, please indicate: \_\_\_\_\_

If divorced or separated, applicant lives with: \_\_\_\_\_

(If parents are legally separated or divorced, please enclose copies of custodial documentation.)

Maternal grandparents' names and address: \_\_\_\_\_

\_\_\_\_\_

Paternal grandparents' names and address:

\_\_\_\_\_

\_\_\_\_\_



With which Jewish organizations and congregations are your family affiliated?

Name	Location	Name of leader or presiding officer

**V. School Presently Attending** (Name and Address):

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Principal: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of present religious studies teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

Please List In Chronological Order All Previous Schools Applicant Has Attended:

Name of School & years attended	Complete Address	Phone & fax numbers	Dean and/or Principal

It is mandatory for you to send transcripts (7<sup>th</sup> grade and above) from all schools with your application – we cannot accept any students without transcripts.



What is the extent of the applicant's Hebrew Education?

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Describe the courses the applicant is taking this year:

Judaic Studies

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General Studies : Please be specific: i.e.: Geometry rather than just Math.

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Describe any prizes or awards that the applicant has received:

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How do you plan to finance the tuition at Yeshivas Aish Kodesh?

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Applicant, please submit an essay in which you tell us a little about yourself and describe why you wish to pursue your high school education at Yeshivas Aish Kodesh.

**Application should be sent to:**

**Yeshivas Aish Kodesh ~ 612 Colonial Ave. ~ Norfolk, VA 23507**

**Or scan and email to: [dwatyak@gmail.com](mailto:dwatyak@gmail.com)**

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

Parent or Legal Guardian Signature:

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**NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS**

Yeshiva Aish Kodesh admits students of any race, color, national or 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 or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school administrated policies.