

# YNS

## Application for Admission

5771 / 2010-2011 Academic Year

- Application **must** be accompanied by recent photo and copy of son’s insurance card
- Enclose a registration fee of \$200 (*non-refundable*) payable to Nishmat Shlomo. For credit card payments fill out the box at the end of this form. *There is a surcharge of 2.8% per credit card transaction. Charges will appear as Nishmat Shlomo Inc.*
- Send a copy of this form via email to [ynsoffice@gmail.com](mailto:ynsoffice@gmail.com) or via fax to **718-360-8275** followed by the hard copy (original) to:
  - **YNS, 6814 Black Horse Pike, Egg Harbor Township, NJ 08234**
- For assistance call **609-418-0357**

### I. STUDENT INFORMATION

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Please circle one:      Kohen      Levi      Yisroel      Convert

Social Security Number: \_\_\_\_\_

### II. FAMILY INFORMATION

Parental status:      Married      Divorced      Separated      Widowed

Student lives with:      Father      Mother      Neither

#### a) Father Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address (*if different from above*):

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ ext. \_\_\_\_\_

What *shul* does father attend? \_\_\_\_\_ Rabbi of Shul: \_\_\_\_\_

**b) Mother Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address (*if different from above*):

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ ext. \_\_\_\_\_

What *shul* does mother attend? \_\_\_\_\_ Rabbi of Shul: \_\_\_\_\_

**III. EDUCATION**

*Please list all schools attended up to date beginning with Jr. High:*

Name of School	Location	Grades attended	Between Dates	Principal

Were you asked to withdraw from any school? *If yes, please explain.* \_\_\_\_\_

\_\_\_\_\_

Who recommended to you YNS? \_\_\_\_\_

Who do you currently look to for guidance? \_\_\_\_\_

**IV. MEDICAL INFORMATION**

Please indicate any special characteristics of your physical health. (Include any allergies and/or sensitivities):

\_\_\_\_\_  
\_\_\_\_\_

Have you or are being treated for any emotional condition? \_\_\_\_\_

\_\_\_\_\_

Please indicate if you are taking, or took in the past (on a protracted basis), any medication for any aspect of your health:

\_\_\_\_\_  
\_\_\_\_\_

**a) HEALTH COVERAGE**

Health Insurance Provider: \_\_\_\_\_

Group Number: \_\_\_\_\_ Member ID Number: \_\_\_\_\_

**b) EMERGENCY CONTACT INFORMATION:**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Alternate (relationship) : \_\_\_\_\_

Alternate (relationship): \_\_\_\_\_

**VI. REFERENCES**

*Please list two names as references.*

1) Name: \_\_\_\_\_

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

Telephone numbers: \_\_\_\_\_

2) Name: \_\_\_\_\_

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

Telephone numbers: \_\_\_\_\_

*All the above information is correct and I give permission for YNS to contact any of the above. I also realize that YNS reserves the right to withdraw any student at anytime.*

**Parent’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

VISA or MC # _____	Exp. Date ___/___	Security Code _____
Name on Card: _____	Signature: _____	
Billing Address: _____		