



BET YAAKOV OROT SARAH HIGH SCHOOL

321 Avenue N
Brooklyn, NY 11230
Phone: 718-627-8758
Fax: 718-627-3101

APPLICATION FOR ADMISSION



Name of Student _____

Date: _____ **Application for Grade:** _____

PERSONAL INFORMATION

School presently attending

List all schools you have attended since first grade:

Names of School

Dates of Attendance

The language of instructions of Limudei Kodesh was

Can you understand lessons conducted in עברית?

Language spoken at home is

What subject did you: Enjoy most _____ Find most
difficult _____

List any academic projects you have enjoyed:

1. _____

2. _____

3. _____

List any School activities you enjoyed:

1. _____ 3. _____

2. _____ 4. _____

List your interests and hobbies:

Where does your family spend the summer?

Where did you spend your last three summers? 1. _____

2. _____

3. _____

Do you have any access to television? Yes No

Do you have a computer with internet access in your home? Yes No

Do you have any access to a DVD/VCR? Yes No

Please complete this application with your parents

Date _____

Family Name _____ First _____ Middle _____

Full Hebrew Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Date of birth _____

Place of birth _____

If foreign born – Date of Arrival in U.S.A.

Father's Name _____

Place of Birth _____

Father's Occupation _____

Business Name _____

Business Address: _____ City _____

State _____ Zip _____ Phone _____

Cell Phone _____

Mother's first name _____

Maiden name _____

Place of Birth _____
Mother's Occupation _____
Business Name _____
Business Address _____
City _____ State _____ Zip _____
Phone _____
Cell phone _____
Synagogue Affiliation of Parents _____

Father's Parents' Name

(Father) _____
(Mother) _____

Address _____

Phone Number _____

Mother's Parents' Name

(Father) _____
(Mother) _____

Address _____

Phone Number _____

With which Rav or Rosh Yeshiva do parents maintain a close affiliation?

Applicant's Brothers and Sisters (*in order of age*)

If you have brothers or sisters who finished High School, please mention the name of the school they attended.

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Doctor _____ Address _____

Phone _____

Please note: The privilege of attending Orot Sarah High School is reserved for those girls who will at all times conduct themselves in a manner fitting a Bat Yisrael. Each student must reflect the ideals of Bet Yaakov Orot Sarah wherever she is. We expect our students to set an example for others to follow in Midot, in dress and in conduct with others. Each girl who is accepted must comply with all the rules and regulations of the school.

The information above is, to the best of my knowledge, complete and accurate.

Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____

FOR SCHOOL USE ONLY

Date of interview: _____

Notes:

Transcript received: _____

FOR BUSINESS OFFICE USE
