

NEW STUDENT APPLICATION
for
The Leila and Joseph Applebaum
Yeshiva Elementary School



LEILA & JOSEPH APPLEBAUM

YESHIVA ELEMENTARY SCHOOL

7902 Carlyle Avenue
Miami Beach, Florida 33141
Tel. (305) 867-3322
Fax (305) 867-3388
www.YeshivaElementary.com

Please List Other Children In Your Family:	<table border="0"> <tr> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Age</u></td> <td style="text-align: center;"><u>School presently attending</u></td> </tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> </table>	<u>Name</u>	<u>Age</u>	<u>School presently attending</u>	_____			_____			_____			_____		
<u>Name</u>	<u>Age</u>	<u>School presently attending</u>														

Please List In Chronological Order All Schools Applicant Has Attended:	<table border="0"> <tr> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Dates of attendance</u></td> </tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> </table>	<u>Name</u>	<u>State</u>	<u>Dates of attendance</u>	_____			_____			_____					
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Please List Congregations and/or Jewish Organizations With Which Family is Affiliated:	<table border="0"> <tr> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Spiritual Leader or Presiding Officer</u></td> </tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> </table>	<u>Name</u>	<u>Spiritual Leader or Presiding Officer</u>	_____		_____		_____								
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Has Applicant Ever Been Asked To Leave A School Or Not To Return For The New School Year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ _____															

I/We hereby grant permission for the release of all scholastic records, standardized test scores, health records, attendance records and all documents of commendation and discipline records of my child on file to Applebaum Yeshiva Elementary School.

I/we hereby acknowledge that enrollment at the Applebaum Yeshiva Elementary School is dependent upon the maintenance of regular attendance and maintenance of required academic and behavioral performance. The student is required to familiarize himself with, and abide by all rules and regulations of the school.

I/We understand that the school will plan various field trips during the course of the year. I/We hereby give permission for my child to participate in these field trips.

I/We hereby acknowledge that my child/ren may be photographed or video recorded and these images may be used by Y.E.S. for promotional purposes.

FATHER'S SIGNATURE _____

MOTHER'S SIGNATURE _____

“The creation of the State of Israel is one of the seminal events in Jewish history. Recognizing the significance of the State and its national institutions, we seek to instill in our students an attachment of the State of Israel and its people as well as a sense of responsibility for their welfare.”

Yeshiva Elementary School admits students of any race, color, national and ethnic origin. All students have equal rights, privileges, and access to all programs and activities made available at the school. The school does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, financial aid programs/ scholarship programs, loan programs, and/or other school administered programs. Yeshiva Elementary School conforms to all state, local, and federal law.

MEDICAL INFORMATION AND AUTHORIZATION

In case of emergency, the best telephone numbers where parents can be reached during working hours:

Person who can be contacted in an emergency if parents cannot be reached:

Name Relationship () Area Code Number

Name of Physician: _____

Telephone Number: () _____

Medical Insurance Plan and Policy Number: _____

Please list any medications applicant is taking: _____

Please list any allergies applicant may have: _____

Please list any medications applicant may be allergic to: _____

Please state any surgical operations or serious illness which applicant has had:

If applicant has ever consulted a psychologist or psychiatrist please give their name, phone number, and reason: _____

PARENTAL PERMIT

I understand that the school will plan various field trips during the course of the year. I hereby give permission for my child to participate in these field trips. I also give permission for such diagnostic, therapeutic and operative procedures as may be deemed urgent and necessary by a school administrator, physician or other health-care professional for my child.

Name: _____

Date: _____

Signed: _____

Relationship: _____

IMPORTANT!
Please submit current Immunization
Forms (standard DOH forms available
from your doctor).