



# YESHIVA ATERES SHIMON

1239 Caffrey Avenue • Far Rockaway, NY 11691

Phone: 516-400-3441

**Applying for:** \_\_Bais Medrash Learning Program \_\_Bachelor Degree Program \_\_High School Diploma Program

## Applicant Information:

First Name:		Last Name:		Legal Name:	
Home Address:			Zip:	City, State:	
Home Phone Number:		Cell Phone:		Email:	
Date of Birth:	Age:	Place of Birth:		SSN:	

## Parent and Sibling Information:

Parent's Mailing Address:	
Home Telephone:	Number of siblings:
Parents are: <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> deceased	
Shul Affiliation:	Family Rabbi:

## Father's Information:

Name:	Occupation:
Email:	Cell Phone:
Business Name:	Business Phone:
Business Address:	

## Mother's Information:

Name:	Maiden Name:
Email:	Cell Phone:
Occupation:	Business Name:
Business Phone:	Business Address:

**Education:**

List chronologically all the Yeshivas and schools/colleges you have attended (high school and above):

Received GED: Date: \_\_\_\_\_

Name of School	Location	Date of Attendance	Graduated

**Siblings' Last Yeshiva or School Attended, in age order:**

Name	DOB	Yeshiva

**Grandparents:**

Paternal: Rabbi ___ Dr. ___ Mr. ___ Mrs. ___	First Name: _____	Last Name: _____
Home Address: _____	Zip: _____	City, State: _____
Phone Number: _____		
Maternal: Rabbi ___ Dr. ___ Mr. ___ Mrs. ___	First Name: _____	Last Name: _____
Home Address: _____	Zip: _____	City, State: _____
Phone Number: _____		

## Emergency Contacts

1. Name:	Relation:	Phone Number:
2. Name:	Relation:	Phone Number:

## Medical History

Medical Conditions:	
Are you taking any medications for anxiety, ADHD or any other medical condition?	
Family Doctor:	Dr. Phone Number:

Please list two references who know you well:

1. Name:	Relation:	Phone Number:
2. Name:	Relation:	Phone Number:

I certify that the above information is accurate and complete.

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

**IN ORDER TO COMPLETE YOUR BEIS MEDRASH APPLICATION  
THE FOLLOWING MUST BE RETURNED WITH THIS APPLICATION:**

1. Your Social Security Number (filled out on the application)
2. A recent photo