

YNS

Application for Admission

5771-5772 / 2011-2012 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 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: _____