



ישיבה אור ישראל
 YESHIVA OHR YISRAEL
 – High School for Boys –

Timeless Torah, Sterling Character, Premier Academics

APPLICANT'S INFORMATION:

<i>Current School</i>	<i>Address</i>	<i>Phone Number</i>	<i>Principal</i>
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Schools previously attended:

1. _____
2. _____
3. _____

<i>Name</i>	<i>City</i>	<i>Date of Attendance</i>
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Camps Attended:

Please list school-age siblings:

1. _____
2. _____
3. _____
4. _____
5. _____

Currently taking medication:
(yes/no please specify)

<i>Name</i>	<i>Current School</i>	<i>Current Grade</i>
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Please list your interests, hobbies, and chessed or community service with which you have been involved:

Please rate on a scale of 1 to 5 (*1 being the lowest and 5 being the highest*) your level of interest in each the following categories:

Gemara Learning _____	Singing _____	Reading _____	Science _____
Sharing _____	Zmiros _____	Math _____	Experiments _____
Divrei Torah _____	Leining _____	Writing _____	Playing Sports _____

APPLICANT'S INFORMATION: (cont.)

Please check any of the following that apply to the applicant's family:

- Separation
 Divorce
 Parent deceased
 Father Remarried
 Mother Remarried
 Adoption
 Conversion — For conversion, name of officiating Rabbi or Beis Din and phone number

(All information will be kept confidential)



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FATHER'S INFORMATION:

<i>Title (Rabbi Mr. Dr.)</i>	<i>Full Name</i>	<i>Hebrew Name</i>		
<i>Street Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Email Address</i>		
<i>Occupation</i>	<i>Place of Work</i>			
<i>Work Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Work Phone</i>	<i>Work Fax</i>			

MOTHER'S INFORMATION:

<i>Title (Mrs. Ms. Dr.)</i>	<i>Full Name</i>	<i>Hebrew Name</i>		
<i>Street Address*</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Email Address</i>		
<i>Occupation</i>	<i>Place of Work</i>			
<i>Work Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>