

# Lubavitcher Yeshiva Ocean Parkway REGISTRATION

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| Student's Full Name<br><i>(first, middle, last)</i> _____  | Hebrew Spelling of Student's Full Name _____ |
| Full <b>Legal</b> Name<br><i>(exact spelling)</i> _____  | Home Phone _____                             |
| Preferred Name _____   | Hebrew Birthday _____                        |
| Address _____  | Date of Birth _____                          |
| City, State, Zip _____   | Current Grade _____                          |
| Current Yeshiva _____  | Current Yeshiva Phone _____                  |
| Current Teacher _____  | Current Teacher Phone _____                  |
| <p><i>Please check all that apply:</i></p> <p>Parents' Marital Status: <input type="checkbox"/> Married   <input type="checkbox"/> Separated   <input type="checkbox"/> Divorced   <input type="checkbox"/> Widowed   <input type="checkbox"/> Re-married</p> <p>Student's Legal Guardians _____ Is student adopted? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Student lives with <input type="checkbox"/> Father   <input type="checkbox"/> Mother   <input type="checkbox"/> Other _____</p> |  |
| <b>Mother's Information</b>  | <b>Father's Information</b>                  |
| Prefix (Mrs. Ms.) _____  | Prefix (Rabbi, Mr.) _____                    |
| Name _____   | Name _____                                   |
| Cell _____   | Cell _____                                   |
| Work Phone, ext. _____   | Work Phone, ext. _____                       |
| Fax _____  | Fax _____                                    |
| E-mail _____   | Email _____                                  |
| Other _____  | Other _____                                  |
| Mother Occupation _____  | Father Occupation _____                      |

## Primary Method of Communication

Please check one or more for each category.

**By phone for:**

- |                   |                                 |                                 |                               |                               |                               |
|-------------------|---------------------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Teacher/Principal | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |
| Tuition           | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |
| Office            | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |

**For timely communication, I want to be reached by** (please check all that apply):

- Email    Text    Phone call    WhatsApp

Please write a short description of your son's strengths, as well as specific areas in which you feel he needs to improve:

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Please describe your son's Limudei Kodesh academic level:

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Please describe your son's General Studies academic level:

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## Special Education

My son does not have an IEP from the Board of Education.

My son has an IEP from the Board of Education. He gets the following services:

Speech

Occupational Therapy (OT)

Paraprofessional

Counseling

P3 Tutoring

## Interview Pre-Requisite Agreement

ULYOP's cost-based tuition for 2017 – 2018 is \$10,500.

Needs-based scholarships are available upon request and eligibility.

Scholarships tiers range from 10% to 60%.

I understand that there are no negotiations or exceptions to this tuition policy.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_