



YESS! – Yeshiva Education for Special Students

STUDENT APPLICATION

Please submit all of the following:

- _____ Completed Application Form
- _____ Recent photo of your child
- _____ Most recent IEP or IESP
- _____ Psychological evaluations
- _____ Educational evaluations
- _____ Related services evaluations and progress reports for Occupational Therapy, Physical Therapy, Speech Therapy and Counseling
- _____ Most recent school progress report or report card
- _____ \$100.00 application fee (made payable to YESS!)



Applications and documentation should be sent to: **YESS!**

147-37 70th Rd., Room 310
Flushing, NY 11367
yessyeshiva@gmail.com

When all of the above are received and reviewed, you will be contacted to schedule an interview for your child.

Please note: This is only an application. A student is registered at YESS! only once he/she has received written notification of acceptance, and all financial obligations have been met.

For more information, feel free to contact our office at 718-268-5976 or yessyeshiva@gmail.com.

STUDENT APPLICATION

Date of Application: _____

How did you hear about YESS? _____

Child Information

Last Name: _____ First Name: _____ Hebrew Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Date of Birth: _____ Age: _____ Sex: M / F

Parent Information

Mother's First & Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

Mother's Email Address: _____

Mother's Place of Employment: _____ Occupation/Title: _____

Father's First & Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Father's Work Phone: _____ Father's Cell Phone: _____

Father's Email Address: _____

Father's Place of Employment: _____ Occupation/Title: _____

Parents are: Married Divorced Separated

If separated or divorced, child lives with Mother Father

Please check if appropriate: Child is adopted Child has converted

Is mother Jewish by birth? Yes No (please include a copy of child's conversion certificate)

Synagogue Affiliation and Rabbi's Name: _____

Sibling Information

Name	Age	School

Grandparent Information

Names	Address
Maternal:	
Paternal:	

School History

School now attending: _____ Grade: _____

List all schools your child has attended:

School Name	Address	Grades	Years Attended

Did your child receive Early Intervention services? Yes No

If yes, please specify: _____

Does your child have an IEP? Yes No

Does your child have an IESP? Yes No

If your child has an IEP or an IESP, please list his/her Department of Education classification:

Describe your child's strengths: _____

Describe your child's challenges: _____

List related services your child is receiving:

Speech Therapy ____ times per week

Occupational Therapy ____ times per week

Physical Therapy ____ times per week

Counselling ____ times per week

Other _____

Is your child taking any medications? Yes No

If yes, please list names and dosage: _____

Is there anything else you would like us to know about your child? _____

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CONSENT FOR RELEASE OF
INFORMATION

Child's Name: _____

List the names and phone numbers of the following professionals who currently work with your child:

	Name	School/Organization	Phone Number	Fax Number
Principal				
Hebrew Teacher				
English Teacher				
Resource Room Teacher				
Occupational Therapist				
Physical Therapist				
Speech Therapist				
Counselor				
Medical Doctor				
Psychologist/Psychiatrist/ Neurologist				
Other (please specify): _____				

I hereby authorize the people listed above to release information to the Educational Director or Social Worker of YESS! – Yeshiva Education for Special Students as often as necessary regarding my child, for the purpose of application to YESS! and ongoing treatment at YESS!

I hereby give permission for my child to be observed in his/her current school by the Educational Director or Social Worker of YESS! – Yeshiva Education for Special Students, for the purpose of consideration for acceptance to YESS!.

Signature of Mother/Legal Guardian: _____ Date: _____

Signature of Father/Legal Guardian: _____ Date: _____