



Gesher Yehuda Yeshiva
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Dear Parents,

Thank you for your interest in Gesher Yehuda.

Enclosed, please find the application for admission, which you have requested. A non-refundable application fee of \$175.00 and two recent passport-type photos of your child must accompany the application. The application consists of two parts. The main portion of the application is to be completed by you and returned to the school office. The school reports, which are to be filled out by your child's present Hebrew teacher and English teacher, are to be returned directly to Gesher Yehuda.

All up-to-date evaluations and reports pertaining to your child, including psych-educational evaluations, neurological, psychiatric, speech and language, OT, PT, and any other evaluations, must be submitted to our offices. If you possess a Department of Education IEP, please submit that as well.

Upon receipt of your child's completed application forms, our office will contact you to proceed with the application process.

Looking forward to meeting you and your child personally in the near future.

Sincerely yours,

Mrs. Deborah Katz
Principal

Items to be enclosed by parent for application to be processed:

- Application for Admission
- \$175 non-refundable application fee
- Two recent passport-size photos
- Signed Release of Information and reports
- School report completed by present Hebrew teacher
- School report completed by present English teacher
- All up-to-date evaluations and reports (IEP etc.)



RELEASE OF INFORMATION

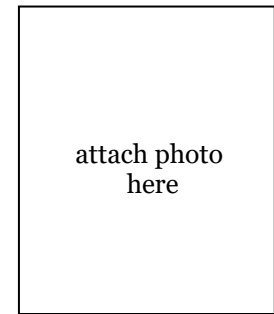
Date: _____

I hereby give permission to Geshher Yehuda and its representatives and consultants to release and obtain any and all confidential information pertaining to my child.

Child's Name: _____

Date of Birth: _____ Age: _____

Parent Signature: _____



APPLICATION FOR ADMISSION

1. **Applicant's Name:** _____ Hebrew Name: _____
D.O.B.: _____ Age: _____ NYC ID#: _____ - _____ - _____ SS#: _____ - _____ - _____
Address: _____ Zip: _____
Home Telephone: (____) _____ - _____

2. **Father's Name:** _____ Birthplace: _____ Cell Phone: (____) _____ - _____
Business: _____ Address: _____ Phone: (____) _____ - _____
Synagogue Affiliation: _____ E-mail Address: _____

Mother's Name: _____ Birthplace: _____ Cell Phone (____) _____ - _____
Business: _____ Address: _____ Phone: (____) _____ - _____
Maiden Name: _____ E-mail Address: _____

Are you a convert to Judaism? Yes No

Parent's status: Married Divorced Widowed

Paternal Grandparents: _____
Address: _____ Synagogue Affiliation: _____

Maternal Grandparents: _____
Address: _____ Synagogue Affiliation: _____

3. Languages spoken at home: _____ Parents' preferred language: _____
If applicant is foreign born, birthplace: _____ Date of arrival in USA: _____

4. Family History (siblings of applicant)

<u>Names:</u>	<u>Ages:</u>	<u>Schools Attended:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the applicant's siblings have learning difficulties? If yes, please elaborate: _____

Applicant's numerical position in the family _____

Any other people living in the household? _____

5. Education [Previous Schools]

Name of School:	Location:	Years Attended:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has applicant ever been dismissed from a school? _____
If yes, please state reason: _____

6. School presently attending: _____
Date of Admission: _____ Grade Completed: _____ Hebrew: _____ English: _____
Regular Class: _____ Resource Room: _____ Special Class: _____
English Teacher: _____ Telephone: (____) ____ - ____
Hebrew Teacher/Rabbi: _____ Telephone: (____) ____ - ____

7. Previous Evaluations and Therapy [Please list all educational and medical evaluations done.]

<u>Evaluations:</u>	<u>Dates:</u>
_____	_____
_____	_____
_____	_____

Date of last evaluation by Department of Ed, CSE: _____
Date of most recent IEP: _____
Classification (e.g. learning disabled, speech impaired, etc.) _____
Program recommended: _____

Has the applicant received any therapy? (e.g. ST, PT, OT, Counseling)

<u>Types of therapy:</u>	<u>Name of Provider:</u>
_____	_____
_____	_____
_____	_____

Is family involved with any social service agency? (e.g. Tafkid, SBH, Search, Ohel, CARE)? _____
If yes, please provide name and telephone number of worker: _____

8. Family insurance coverage: _____
Policy #: _____ Group #: _____
Does your child take any medication? _____
If yes, name: _____ Frequency: _____ Dosage: _____
Name of Prescribing Doctor: _____ Phone: (____) ____ - ____
Has the child experienced any serious illness or had surgery? _____
If yes, give dates and nature of illness: _____

9. Behavior [Please describe your child's past behavior in school].

Please indicate your child's general behavior at home:

	<i>Not at all</i>	<i>Just a little</i>	<i>Pretty Much</i>	<i>Very Much</i>
Generally listens the first time				
Fights with siblings				
Gets easily frustrated				
Has difficulty organizing self				
Is restless/fidgets				
Is sensitive				
Is excitable/impulsive				
Moods change quickly or drastically				
Responds to praise/reward				
Demands a lot of attention				
Plays appropriately with peers				
Has difficulty changing from one activity to another				

Does your child have attention difficulties? _____
 If yes, please describe: _____

How much time do you spend doing homework with your child on a daily basis? _____

Does your child have a tutor? _____ If yes, for what subjects and how often? _____

What is your child's attitude towards school? _____

Are your child's social interactions typical of a child his age? Please elaborate: _____

How does your child feel about himself/herself? Is there an awareness of strengths and weaknesses?

What is your child's most endearing quality? _____

What do you find most difficult about dealing with your child? _____

What does your child value most? _____

How do you feel Gesher Yehuda can help your child? _____

If you have any other information that you feel might be helpful for us to know, please elaborate, (e.g.-a home situation, an illness in the family, any behavioral issue, or any other matter.) _____

I hereby affirm that all the information I have given is true to the best of my knowledge is an accurate description of my child's history and abilities.

Signature of Parent

Signature of Parent

FOR OFFICE USE ONLY

Date application received: _____ Date screening completed: _____