

**Please Attach  
current picture**

**ישיבה דרך איתן**  
ע"ש מרן רבי אברהם יפהן זצ"ל  
**DERECH AYSON RABBINICAL SEMINARY**  
**YESHIVA OF FAR ROCKAWAY**  
802 Hicksville Road, Far Rockaway, NY 11691  
(718) 327-7600 Fax (718) 327-1430  
Email: [info@yofr.org](mailto:info@yofr.org)

**BAIS MEDRASH APPLICATION FOR ADMISSION**  
Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ 20\_\_\_\_

Applicant's Name \_\_\_\_\_  
Last **\*\*LEGAL NAME** Hebrew

Date of Birth: \_\_\_\_\_ **\*\*SSN#** \_\_\_\_\_

Home Address \_\_\_\_\_

Home phone \_\_\_\_\_ Parents email (f) \_\_\_\_\_ (m) \_\_\_\_\_

Rabbi /Mr./ Dr.  
Father's Name \_\_\_\_\_ / \_\_\_\_\_  
English Hebrew

Mrs./Dr.  
Mother's Name \_\_\_\_\_ / \_\_\_\_\_  
English Hebrew

Parents Marital Status: Married Divorced Separated Other \_\_\_\_\_

Father's Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Job Description \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Job Description \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Paternal grandparents: Rabbi / Mr. / Dr. / Mrs. \_\_\_\_\_

address \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

Maternal grandparents: Rabbi / Mr. / Dr. / Mrs. \_\_\_\_\_

address \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

Is your son a: U.S. Citizen \_\_\_\_\_ Permanent Resident \_\_\_\_\_ Other \_\_\_\_\_

Name of Yeshiva currently attending \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

High school graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

List chronologically all the high school \ Mesivtas attended:

Name of School	Address	Dates Attended	Graduated?

Has your son attended a post-secondary institution? Yes \_\_\_\_\_ No \_\_\_\_\_ (Include Bais Medrash, College?)

Name of School	Address	Dates Attended

List 2 Rebbeim who can serve as references for your son

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Has your son ever had any serious illness? \_\_\_\_\_ If so, what? \_\_\_\_\_

Does your son have any physical handicaps? \_\_\_\_\_ What are they? \_\_\_\_\_

Indicate your affiliation with communal, religious or educational organization \_\_\_\_\_

**I would like to be formally register my son in the Derech Ayson Rabbinical Seminary program (for college credits) \_\_\_\_\_ (Initials)**  
**(To be eligible for registration for the Fall 23-24 semester, applications MUST be received by June 15<sup>th</sup> 2023.)**

It is understood that acceptance of students admitted to the Yeshiva is subject to the following conditions: Attendance at the school is a privilege and not a right. The school reserves the right to require the withdrawal of any students at any time for any reason which it deems sufficient. Attendance at the school is dependent upon the maintenance of regular and satisfactory work. The student is required to familiarize himself with, and to abide by, all regulations of the Yeshiva. Students are expected to uphold the moral principles and good name of the Yeshiva at all times – both in school and in their outside activities.

I hereby certify that the information given in this application is complete and accurate.

We understand the educational policy of the school, and this application is filled with our knowledge, consent and approval.

Signature of father \_\_\_\_\_

Signature of mother: \_\_\_\_\_

Office Use Only

MF # \_\_\_\_\_  
Farherd by: \_\_\_\_\_  
Accepted: \_\_\_\_\_

\_\_\_\_\_  
Registrar's Signature