Please attach a 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

BAIS MEDRASH APPLICATION FOR ADMISSION

Fall _____ Spring ____ Summer _____ 20___

Applicant's Name _____
Last **LEGAL NAME (REQUIRED) Hebrew

Date of Birth: _____ **SSN# (Required) _____

**Applicant Cell: (Required) _____ **Applicant Email: (Required) _____

Rabbi /Mr./ Dr. Father's Name _____/_____
Hebrew English

Mrs./Dr. Mother's Name _____/_____
Hebrew English

Home Address _____

Home phone _____ Parents email (f) _____ (m) _____

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 _____ Cell: _____ email (f)_____(m)_____

Maternal grandparents: Rabbi / Mr. / Dr. / Mrs. _____

address _____

Telephone _____ Cell: _____ email (f)_____(m)_____

Is your son a: U.S. Citizen _____ Permanent Resident _____ Other_____

Name of Yeshiva currently attending _____ Current Rebbi _____

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 a communal, religious, or educational organization _____
_____

I would like to formally register my son in the Derech Ayson Rabbinical Seminary program (for college credits) _____ (Initials)
(To be eligible for registration for the Fall 25-26 semester, applications MUST be received by June 30th 2025.)

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