



YESHIVA ELEMENTARY SCHOOL

5115 West Keefe Avenue

Milwaukee, WI 53216

(414) 871-9376 Fax (414) 871-9151

**APPLICATION FOR ADMISSION**

To be filled out completely and signed

Name of Student (Please Print) \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Father Cell Phone \_\_\_\_\_

Mother Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Hebrew Birthday \_\_\_\_\_ English Birthday \_\_\_\_\_

**PREVIOUS EDUCATION**

School	Address	Date Started	Date Ended

Latest Grade Attended \_\_\_\_\_

Total # of Children in Family \_\_\_\_\_

Allergies? \_\_\_\_\_

Medical Problems? \_\_\_\_\_

Dietary Problems? \_\_\_\_\_

Indicate child's special interests or special needs \_\_\_\_\_

Please check here if interested in a scholarship application \_\_\_\_\_

I desire to enroll my child in Yeshiva Elementary School, Milwaukee, Inc. for the \_\_\_\_\_  
academic year.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Admission policies of this school are non-discriminatory.