



Dear Parent/Guardian of prospective Students,

Thank you for your interest in Yeshiva High School of Cleveland; please complete the following application and **submit by mail or electronically**.

All academic **records and/or transcripts** must be sent to the school directly from the previous school/institution before admission can be considered.

Mail to:

Attention Academics  
Yeshiva High School of Cleveland  
25400 Fairmount Blvd.  
Beachwood, OH 44122

Or

Email to this address: [info@yeshivahigh.org](mailto:info@yeshivahigh.org)



## Student Applicant Information

Full Name \_\_\_\_\_

Birth Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Last Grade Completed and GPA: \_\_\_\_\_

School last attended: \_\_\_\_\_

Are you a US Citizen? Yes / No

## Parent Information

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_



Email:

Phone:

### References

Please list at least two references for your son (e.g. Teacher, Rav, Principal)

Name: Relationship: Institution: Phone: Address:

\_\_\_\_\_

Name: Relationship: Institution: Phone: Address:

\_\_\_\_\_

### Most Recent School(s) Attended

– Most recent school first (list any schools attended grades 7-12) Grades

School:

Attended: \_\_\_\_\_

Principal: Phone:

\_\_\_\_\_

Grades \_\_\_\_\_

School:

Attended: \_\_\_\_\_

Principal: Phone:

Grades \_\_\_\_\_

School:

Attended: \_\_\_\_\_

Principal: Phone:

\_\_\_\_\_



### Closest Relative/Family Member in Proximity to YHSC

Please list closest living relative or close friend of family who can be trusted in case of emergency or support for your student: Name: Relationship: Email: Phone: Address:

Name: Relationship: Email: Phone: Address:

\_\_\_\_\_

\_\_\_\_\_

### Siblings

Please list your siblings and their last or current school attended

School:

Name: Age: \_\_\_\_\_

School:

Name: Age: \_\_\_\_\_

School:

Name: Age: \_\_\_\_\_

School:

Name: Age: \_\_\_\_\_

School:

Name: Age: \_\_\_\_\_

School:

Name: Age: \_\_\_\_\_



## Medical Information

*Complete this form based on medical information and history of student*

1. Name

\_\_\_\_\_

2. Home Address

\_\_\_\_\_

3. Home Phone

\_\_\_\_\_

4. Father name and Cell#

\_\_\_\_\_

5. Mother name and Cell#

\_\_\_\_\_

6. Person to contact in emergency in case parent(s) cannot be reached

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number

\_\_\_\_\_

7. Name of Primary Care Physician:

\_\_\_\_\_

Address \_\_\_\_\_



Phone Number:

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8. List any medications being taken currently

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9. List any allergies the student has:

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10. List any medications to which student is allergic: \_\_\_\_\_

11. List any medical procedures/surgical operations had by the student that could impact his or her learning or well-being:

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12. Has the student ever consulted a mental health professional for any reason? If so, please explain below:

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13. Name of your medical insurance and contract number:

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## Parental Permit for students under 18

I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed urgent and necessary by the resident physician or other health-care professionals to be performed for my son

(print name of son)

\_\_\_\_\_

**Signed:**

\_\_\_\_\_

**Relationship to student:**

**Date:**

\_\_\_\_\_ I have enclosed \$50 application fee made payable to Yeshiva High School of Cleveland

\_\_\_\_\_ I will be paying full tuition of \$18,150 per year additional room and board \$450/month are applicable for out-of-town students

\*All tuition payment arrangements before first day of Yeshiva

\_\_\_\_\_ I have enclosed a copy of my son's most recent report card and have requested official transcript(s) be sent to YHSC

\*\*Applicants will not be admitted without the above requirements being met