



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



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:

8. List any medications being taken currently

9. List any allergies the student has:

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:

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

13. Name of your medical insurance and contract number:



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 \$24,650 per year additional room and board \$550/month are applicable for out-of-town students. Room and board is assessed on a 10 month basis

*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