



Yeshiva Shaarei Tzion

APPLICATION FOR ENROLLMENT

For multiple children, please fill out sibling application forms for each additional child.

School Year _____ - _____

Applying for: Nursery Kindergarten Pre1A Grade _____

Legal Name of Child (First)_____ (Middle)_____ (Last)_____

Hebrew Name (Please write in Hebrew) (First)_____ (Middle)_____ (Last)_____

Name Child is Called By _____

English Birth Date _____ Hebrew Birth Date _____

Place of Birth _____ Language Spoken at Home _____

Home Address _____ City _____

State _____ Zip _____ Home Phone _____

Preschool/School Currently Attending _____ Current Grade _____

Preschool Director/ Principal _____ Phone Number _____

For transfer students, please provide all available transcripts from the last 2 years.

Father's Name _____ Title: _____

Cell Phone _____ Email address _____

Occupation _____ Name of Firm _____

Mother's Name _____ Title: _____ Maiden Name _____

Cell Phone _____ Email address _____

Occupation _____ Name of Firm _____

Marital Status _____

Is the child adopted? ___yes / ___no Is either parent a step-parent? ___yes / ___no

Current shul affiliation: _____ Rav: _____

**Once completed
please forward to:**

**Yeshiva Shaarei Tzion
Business Office**

businessoffice@ystnj.org
71 Ethel Road West
Piscataway, NJ 08854
732-777-0029

**For additional info.
please contact:**

Preschool

Mrs. Minah Kamin
Preschool Director
mkamin@ystnj.org
1131 Raritan Ave.
Highland Park 08904
732-819-7083

YST Boys

Rabbi Shragi Herskowitz
Menahel
rabbisherskowitz@ystnj.org
71 Ethel Road West
Piscataway, NJ 08854
732-777-0029

YST Girls

Mrs. Cyrel Brudny
Principal
cbrudny@ystnj.org
51 Park Ave.
Piscataway NJ 08854
732-235-0042

Rabbi Ezra Malitzky

Executive Director
emalitzky@ystnj.org
732-777-0029



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Pediatrician _____ Phone _____

Dentist _____ Phone _____

Please provide any additional information the school should be aware of to properly service your child's needs (i.e. speech and language, occupational therapy, medical, educational or psychological concerns or evaluations).

List Siblings:

Name	Age/Grade	School

Paternal Grandparents - Last Name _____

Grandfather's Name _____ Title _____

Grandmother's Name _____ Title _____

Home Address _____ City _____

State _____ Zip _____ Phone _____

His email _____ Her email _____

Maternal Grandparents - Last Name _____

Grandfather's Name _____ Title _____

Grandmother's Name _____ Title _____

Home Address _____ City _____

State _____ Zip _____ Phone _____

His email _____ Her email _____

The policy of the Yeshiva is for all students to have all state-required vaccinations and immunizations. Religious exemptions will NOT be accepted.

Please initial to confirm that you are aware of the above policy. _____ (Father) _____ (Mother)

_____ Father's Signature

_____ Mother's Signature

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