



# 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. Shoshana Sauer  
Principal  
ssauer@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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