



Yeshiva Shaarei Tzion

Sibling 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 _____

Home Address _____ City _____

State _____ Zip _____ Home Phone _____

English Birth Date _____ Hebrew Birth Date _____

Place of Birth _____ Language Spoken at Home _____

Preschool/School Currently Attending _____

Current Grade _____

Preschool Director/ Principal _____

Phone Number _____

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

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).

Is the child adopted? ___yes / ___no

Is either parent a step-parent? ___yes / ___no

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

**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