ישיבת מגן דוד
Magen David
YESHIVAH

MAGEN DAVID YESHIVAH
Admissions Office
2130 McDonald Avenue
Brooklyn, NY 11223
718 269-4076
Fax: 718-942-6562
admissions@mdyschool.org

APPLICATION

STUDENT INFORMATION

Child's Name _____ Hebrew Name _____
Last First Middle

Preferred Name _____

Date of Birth _____ Place of Birth _____

Student Home Address _____
Street City State Zip Code

Home Telephone _____

Languages spoken at home _____ _____

Applying to Grade _____ Has child previously applied to Magen David Yeshivah? _____ If so, for which grade? _____
Yes / No

PREVIOUS EDUCATION

Name of School	Address of School	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your child is applying for Grades 1 through 8, what is your reason for transferring your child to Magen David Yeshivah?

_____

_____

_____

Have all financial obligations to the previous school your child attended been met? ☐ Yes ☐ No

If no, please explain _____

_____

Has your child ever been suspended or dismissed from a previous school? ☐ Yes ☐ No

If yes, please explain _____

_____

PARENT/GUARDIAN INFORMATION

Father/Guardian Name _____ Hebrew Name _____
First Last

Title ☐ Dr. ☐ Mr. ☐ Rabbi Guardian's Relationship to Student _____

Home Address _____
Street City State Zip Code

Home Telephone _____ Cell Phone _____ Email Address _____

Occupation _____ Employer _____

Business Address _____ Business Telephone _____

Synagogue Affiliation _____

Did you attend MDY Elementary School? ☐ Yes ☐ No

Did you attend MDY High School? ☐ Yes ☐ No Year of MDY High School Graduation _____

Post High School Education _____

Community Activities _____

_____

Is Father a Convert? ☐ Yes ☐ No

Mother/Guardian _____ Maiden Name _____ Hebrew Name _____
First Last

Title ☐ Dr. ☐ Mrs. ☐ Ms. Guardian's Relationship to Student _____

Home Address _____
(If different than father) Street City State Zip Code

Home Telephone _____ Cell Phone _____ Email Address _____

Occupation _____ Employer _____

Business Address _____ Business Telephone _____

Synagogue Affiliation _____

Did you attend MDY Elementary School? ☐ Yes ☐ No

Did you attend MDY High School? ☐ Yes ☐ No Year of MDY high school Graduation _____

Post High School Education _____

Community Activities _____

_____

Is Mother a Convert? ☐ Yes ☐ No

Was your child adopted? ☐ Yes ☐ No

Are both biological parents living? ☐ Yes ☐ No

Parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Wedding Date_____ Officiating Rabbi_____

Father Remarried ☐ Yes ☐ No Mother Remarried ☐ Yes ☐ No

Name of Step-Mother_____ Name of Step-Father_____

If parents are separated or divorced, do parents share legal custody? ☐ Yes ☐ No

If parents are separated or divorced, do parents share physical custody? ☐ Yes ☐ No

If parents are separated or divorced, who is authorized to make schooling decisions? ☐ Mother ☐ Father ☐ Both

Which parent is financially responsible for schooling decisions? ☐ Mother ☐ Father ☐ Both

With whom does child reside? ☐ Mother ☐ Father ☐ Both

To whom should admissions correspondence be sent? ☐ Mother ☐ Father ☐ Both

FAMILY INFORMATION

Siblings' Names Age Current School

_____

_____

_____

_____

_____

Please describe your family's religious observance _____

_____

_____

_____

Grandparents

Maternal _____ Paternal _____

Address _____ Address _____

_____ _____

Email _____ Email _____

ADDITIONAL STUDENT INFORMATION

Describe your child's interests _____

_____

_____

Does your child have any medical, physical, emotional, and/or learning challenges? _____

_____

_____

Please list any special services your child has received or is currently receiving:

☐ Speech & Language ☐ Occupational Therapy ☐ Physical Therapy ☐ SEIT ☐ Other

Please explain _____

_____

_____

_____

Has your child experienced a serious illness or accident? If so, please explain _____

_____

Is there any additional information that you can share to help us better appreciate your child? _____

_____

_____

_____

_____

FEES

Applications must be accompanied by the appropriate application fee:

Playgroup (2 year old) $150

Nursery - 8th Grade $350

Chehebar Academy $350

Parents of students who are curently attending MDY $300

These non-refundable fees cover application processing and admissions testing and evaluation costs. All applications must also be accompanied by a copy of your child's birth certificate.

Please be sure that you have answered all of the questions.

Magen David Yeshivah is a Sephardic yeshivah that strives to educate the whole child. We do this in partnership with students, parents, and our faculty and staff. We expect that students and parents will treat each other and any other person who enters our building with dignity and respect and that students will maximize their efforts in their studies and other activities. We expect that parents and guardians will attend scheduled parent/teacher conferences and that both parents and students are committed to spiritual growth in the context of our school's religious traditions.

I hereby apply for the admission of my child to Magen David Yeshivah.

Parent's/Guardian's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

Please complete and return application to:

Admissions
Magen David Yeshivah
2130 McDonald Avenue
Brooklyn, NY 11223

Telephone: 718 269-4076
Email: admissions@mdyschool.org

Magen David Yeshivah admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. MDY does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, and athletic and other school administered programs.

For Office Use Only:

☐ Birth Certificate ☐ Report Cards/School Report

☐ Application Fee ☐ Recommendation(s)

☐ All Sections Completed

Notes: