



### Lancaster Yeshiva Center

1120 Columbia Avenue, Lancaster PA, 17603  
(717) 397-0183  
info@LancasterYeshiva.com  
www.LancasterYeshiva.com

## Admittance Application

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Request for admittance for academic year \_\_\_\_/\_\_\_\_/\_\_\_\_

Student: _____			
First Name (English & Hebrew)	Last Name	Middle	
Address: _____			
Number	Street	City	State/Zip
Date of Birth: ____/____/____		Home Phone: ____-____-____	
Social Security # ____-____-____		Citizenship (If not U.S.) _____	
High School Diploma? Yes ____ No ____ GED or equivalent? Yes ____ No ____			

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Bus. Address \_\_\_\_\_  
Number Street City State/ZIP

Bus. Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_-\_\_\_\_-\_\_\_\_

Mother's Name _____ Occupation _____			
Bus. Address _____			
Number	Street	City	State/ZIP
Bus. Phone ____-____-____		Email: _____ Cell: ____-____-____	

Paternal Grandparents Names & Addresses: \_\_\_\_\_  
\_\_\_\_\_

Maternal Grandparents Names & Addresses: \_\_\_\_\_  
\_\_\_\_\_

Name, Address and Phone of closest relative to LYC: \_\_\_\_\_  
\_\_\_\_\_

List names and dates of schools attended from 9<sup>th</sup> Grade to Present:

School Name	Location	Dates of Attendance

Has the student ever been suspended, on probation, dismissed, left voluntarily for an extended period of time, or incurred serious disciplinary action from any school?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If some time has elapsed since you last attended school, describe what you have been doing \_\_\_\_\_  
\_\_\_\_\_

Briefly state why you wish to attend LYC. What do you hope to accomplish? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your favorite subject? \_\_\_\_\_

What is your least favorite subject? \_\_\_\_\_

Have you ever had any serious illnesses? \_\_\_\_\_

Do you have any physical handicaps? \_\_\_\_\_

Who recommended this yeshiva to you? \_\_\_\_\_

School transcripts, letters of recommendations from your Rosh Yeshiva, Congregational Rabbi, Principal and Rebbe, could be attached or sent under separate cover.

I certify that the information contained in this application is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date