YES	HIVA PRIMARY				
	210-10 Union Tpke				
STALISHED 1960	Hollis Hills, NY 11364				
	Tel: (718) 217-4700				
	Email: office@yeshivaprimary.com				
	**** <u>FOR OFFICE USE ONLY</u> *****				
Date Started	IEP ID #:				
Date Out	Hebrew Grade:				
Report Card on File Lunch Form Completed					
Medical Form Completed					
ENROLLMENT AP	PLICATION – SCHOOL YEAR 2024-2025				
Student Information					
Date:	Grade Applying For:				
Last Name:	Legal Name:				
Hebrew Name:	Date of Birth:				
Place of Birth	Gender: F / M Date of Bris:				
Is Child Adopted?	Mother's Religion at Birth				
Social Security	Security Student Mobile Number				
	Mother's Number:				
Has the child had an education eva	aluation? If yes, date of evaluation//				
Has the child ever had an I.E.P.	Special Ed General Ed				
Which School has the child attended	before: (List Below)				
Pre-School	Dates From/to//				
Grade School	Dates From/to//				
Grade School	Dates From/to//				
(If applicable) Date arrived in U.S.A _	From which country?				
How was the summer spent?					
Who recommended the yeshiva and	why?				
Other children in Family					
	_AgeSchool Attending				
	_AgeSchool Attending _AgeSchool Attending				
	_AgeSchool Attending				
	AgeSchool Attending				
	Father's Last Name:				

Name of Synagogue/Organization you attend:						
Place of Birth: Yisroel Cohen Levi Yisroel						
Home Address:						
City:	_ State: Zip Co	de:				
Mobile: Carrier:	Email: _		_			
Occupation:	Company Name:					
Work Number:	Home Number:					
Mother's First Name:	Mother's Last Name:					
Home Address:						
City:	_ State: Zip Co	de:				
Mobile: Carrier:	Email: _		_			
Occupation:	Company Name:					
Work Number:	Home Number:					
Grandparents' Information						
Maternal Mother's Name:	Maiden Name:					
Where was she born: Country	CityTel:					
If living, please include current address:						
Maternal Father's Name:	Last Name:		-			
Where was she born: Country	City	Tel:	_			
If living, please include current address:						
Paternal Mother's Name:	Maiden Name:					
Where was she born: Country	City	Tel:	-			
If living, please include current address:						
Paternal Father's Name:			-			
Where was she born: Country	CityTel:					
If living, please include current address:			_			

EMERGENCY INFORMATION

Please provide other individuals who may be called if parents cannot be reached. At least one such person should be a neighbor.

Name	Tel: ()			Relation	n
Name	Tel: ()			Relation	n
MEDICAL INFORMATION						
Family Doctor				_ Tel ()	
Does child have any medical or allergy	conditio	ns?				
If yes, please explain:						
If your child is sick, does the school hav	e permis	sion to	give Tyleı	nol? Yes		No
Can the school take your child on class break down? YES	-	-				port him/her if buses
I authorize the school to transfer my c	hild to a ϵ	doctor	or hospita	al in caso	e of a medi	cal emergency.

*PARENT/GUARDIAN SIGNATURE DATE

ADDITIONAL COMMENTS/QUESTIONS:



CONTRACTUAL AGREEMENT

2023-2024 K-8th Grade

REGISTRATION TUITION

For Public School Transfers Only

Thanks to our annual fundraiser, private donors and organizations (Nechomas Yisrael/Oorah) we are able to subsidize tuition to as low as <u>\$3,100</u>. Parents must make every effort to apply to these organizations in order for them to qualify for the discounter rate.

School Scholarship

Will be applied to lower tuition to \$3,100 after a parent made the proper effort of applying to Nechomas Yisrael and Oorah.

Organizations:

A. Nechomas Yisrael- offers \$1,200 to eligible students. It is used to lower tuition from \$10,000. If a parent doesn't apply in a timely fashion then they are responsible for that portion which will be added to the tuition. **718-851-0340 x200**

B. Oorah- offers 2 programs www.oorah.org/pre-app/tuitionassistance

- Tuition Assistance offers \$1,000 to eligible students coming from public school. It is used to lower tuition from \$10,000. If a parent doesn't apply in a timely fashion then they are responsible for that portion which will be added to the tuition.
- 2. **Torahmate** offers upto \$2,500/child and can be used as a deduction on the following year's tuition beyond the parent obligation. We can make that decision towards mid/end of Aug when all/most transactions of Torahmate have come in. Program entails learning with an Oorah Torahmate, a study partner by phone for 30 min once a week, which will give insights into your child's Judaic studies.

Note: Any other organization/sponsorships can be used to lower the parent obligation of \$3,100 after they made the proper effort of applying to Nechomas Yisrael and Oorah.

\$350 \$10,000

\$3,100

PAYMENT ARRANGEMENT

DEPOSIT/ REGISTRATION \$350.00

\$____\$350/Child____

Circle one plan

PLAN A. 2 monthly installments for September 1 st and February 2 nd \$\$						
PLAN B.10 post dated checks, dated September 1 st through June 1 st \$						
PLAN C. Credit card info on file that will be charged monthly/installments						
Name on Card Credit Card # EXP			CVV	Billing Zip Code		
PLAN D. Cash payn	nents with credit card on file					
Number of monthly installments for the amount of = \$						
I agree to pay by/_	\$					
TOTAL OBLIGATION						
Nechomas Yisroel is willin	\$	1,200/child				
Oorah is willing to pay the amount of			<u>\$</u>	1,000/child		
TorahMate s is willing to pay upto			<u>\$ 100</u>	00/child/parent		
Third party sponsor/organization \$\$						

POSTDATED CHECKS MUST ACCOMPANY ALL REGISTRATION FORMS

- \$750 fee for parents who don't qualify for government free lunch program, or who do no fill out lunch form.
- □ Free transportation is available for children older than (5) five years old by the Board of Education's O.P.T in accordance with their criteria.

I hereby agree to the above <u>written</u> terms of tuition, that I understand the verbal agreements are not binding. I understand that this tuition agreement is subject to approval of the Board of Tuition Committee.

Parent/Guardian Signature_____ Date_____