



General Family Information

Please print in ink. Please use additional paper if needed. Please return completed form to:

Dana Burchfield, Director of Student Services
Yeshiva Atlanta, 3130 Raymond Drive, Atlanta, GA 30340

At Yeshiva Atlanta, we believe in nurturing the growth of a student in four areas:

Academic/Intellectual Physical
Religious/ Spiritual Social/Emotional

This application is meant to help acquaint us with your child in each of these areas.

Applying for Grade 9 10 11 12 For School Year of 20_____

I. Student Information:

Student's Full Name: _____
First Middle Last

Name Student prefers to use: _____ Male Female

Current School: _____ Current Grade: _____

Home Address: _____
Street Address

_____ City State Zip

Home Phone Number: _____ Student's Email: _____

Date of Birth: _____ Place of Birth: _____
Month Day Year

Please list all prescription medications the applicant is currently taking: _____

Student's Social Security Number, Required for HOPE Scholarship Prequalification and Qualification:

_____ - _____ - _____

Name of Synagogue: _____ Name of Rabbi: _____

Address of Synagogue: _____

Other Family Information

Please circle the correct information:

Parents are: Married Separated Divorced

Father is: Living Remarried Deceased

Mother is: Living Remarried Deceased

If divorced or remarried student's primary residence: _____

Student Converted: Yes No Student Adopted: Yes No

Conversion performed by: _____ Phone Number: _____

Synagogue: _____ City: _____

Date of Conversion: _____

Parent Converted: Mother Father

Conversion performed by: _____ Phone Number: _____

Synagogue: _____ City: _____

Date of Conversion: _____

Please list all children in your family:

Name	Name of School	Date of Birth	Grade	Age	Sex
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please include a \$130.00 processing fee with your application, \$65.00 for siblings.

Would you like to receive an application for financial aid? Yes No

Date: _____

Signature of Parent or Guardian: _____

Yeshiva Atlanta Phone: 770-451-5299
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Atlanta, Georgia 30340 www.yeshivaatlanta.org

If you have questions, please contact Dana Burchfield at x 23