Yeshiva Atlanta Student Questionnaire

This questionnaire is meant to help us begin to know you and will hopefully help you begin to explore what you hope to gain from Yeshiva Atlanta.

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**

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

I. Student Information: Please include a photo with your application.

Student's Full Name: _____
First Middle Last

Current School: _____Current Grade: _____

Student Cell Phone Number: _____ Student Email:_____

Previous Schools Attended:

Name	Address	Grades Attended

Youth Group Memberships (include positions held) _____

List any scholarships, prizes, contests or other awards you have won:

List any extra-curricular activities you have participated in: (athletics, debate, school paper, yearbook, dance)

To be completed, in print, (not cursive) by the applicant, in your own handwriting (not typed).

Why do you want to attend YA, and what are your goals for your high school experience?

Signature:_____ Age:_____ Date:_____

Yeshiva Atlanta
3130 Raymond Drive
Atlanta, Georgia 30340
Phone: 770-451-5299
Fax: 770-451-5571
www.yeshivaatlanta.org

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