

RAE KUSHNER YESHIVA HIGH SCHOOL APPLICATION



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REGISTRATION FORM

STUDENT INFORMATION

Legal Name (first, middle, last): _____

Male: Female:

Social Security No. (Required):

Hebrew Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Date of Birth: _____ Place of Birth: _____

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www.rkyhs.org

QUESTIONNAIRE

PARENT

Please write a brief description of your child's learning profile with an emphasis on his/her strengths:

STUDENT

How would your best friend describe you?

What do you do in your spare time?

Describe your involvement in synagogue, youth groups and/or volunteer activities.

What interest would you like to cultivate in RKYHS?

What are your favorite subjects? Why?
