

<u>The Benjamin and Lillian Rochkind</u> <u>Yeshiva of Virginia</u> <u>Application for Admission</u>

Please type or print clearly

I. Applicant Information							
Applicant's name (last)	First name			M.I.	Hebrew		
Applicant's home address			City		State	Zip	
Home telephone number Prese		Present so	esent school			Present grade	
Place of birth		Citizen of	of SS#			Date of birth	

II. Parent Information							
Father or guardian's name (last)		First name			M.I.	Title	
Father's address			City		State	Zip	
Father's employer			Occupatio	n			
				•			
Home telephone	Home telephone Office telephone Cell nu		er E-mail address				
Shul affiliation			Shul Rav				
Mother's name (last)		First name	2		M.I.	Maide	n name
		1 not name				maido	Innamo
Mother's address (if o	different from above)		City		State	Zip	
			Oity		Oluio		
Mother's employer			Occupatio	n	<u> </u>		
			occupatio				
Home telephone	Office telephone	Fax numb	Fax number E-mail address				
Shul affiliation			Shul Rav				
Parents of applicant are (check one if applicable)							
□ Separated □ Divorced □ Deceased							
Parents' affiliation with Jewish organizations (religious, communal, educational, etc.)							
Person responsible f	or student's tuition and	d fees					
				-			

III. Siblings						
Name	School	Age	Grade			

IV. Educational Data								
List chronologically the last three schools that the applicant attended								
Name of School	ool City/State Dates attended Grades completed							
Descri	Describe the courses the applicant is taking this year							
	Limudai							
	0							
	General	Studies						

V. Educational Data (continued from page 2)						
List any summer camps that the applicant has attended (if applicable)						
Name	City		Date			
List the applicant's participat	tion in organizations	and extra	curricular activities			
Organization/activity			Dates			
List any awards or prizes the applicant has received						

VI. References						
	School principal				Rav	
Name			Name			
School			Shul			
Phone			Phone			
	Additional reference 1	Addit	tional refere	nce 2	Additional reference 3	
Name						
Phone						
Relation						
		Commer	nts (if any)			

VII. Emergency Information							
Indicate two individuals besides parents to contact in case of emergency							
Name	onship	Telephone					
Health insurance carrier							
Insured's name			SS#				
Plan			Group number				
I.D. #			Telephone #				
Applicant's signature			Date				
Parent's signature			Date				

Please submit an essay of 500 words or less in which you tell us a little about yourself and describe why you wish to pursue your high school education at Yeshiva of Virginia.

Please forward transcripts of the previous three years of academic work. (In sealed envelope from schools attended.)

The application process is considered incomplete until a personal interview has been conducted with the applicant.



Benjamin & Lilliian Rochkind Yeshiva of Virginia 6801 Patterson Avenue Richmond, VA 23226 Tel - 804-288-7610

**NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS **

The Benjamin & Lillian Rochkind Yeshiva of Virginia admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school administered programs.