



Gesher Yehuda Yeshiva  
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Dear Parents,

Thank you for your interest in Gesher Yehuda.

Enclosed, please find the application for admission, which you have requested. A non-refundable application fee of \$175.00 and two recent passport-type photos of your child must accompany the application. The application consists of two parts. The main portion of the application is to be completed by you and returned to the school office. The school reports, which are to be filled out by your child's present Hebrew teacher and English teacher, are to be returned directly to Gesher Yehuda.

All up-to-date evaluations and reports pertaining to your child, including psych-educational evaluations, neurological, psychiatric, speech and language, OT, PT, and any other evaluations, must be submitted to our offices. If you possess a Department of Education IEP, please submit that as well.

Upon receipt of your child's completed application forms, our office will contact you to proceed with the application process.

Looking forward to meeting you and your child personally in the near future.

Sincerely yours,

Mrs. Paulina Salem  
Principal



**Items to be enclosed by parent for application to processed:**

- Application for Admission
- \$175 non-refundable application fee
- Two recent passport-size photos
- Signed Release of Information and reports
- School report completed by present teacher
- All up-to-date evaluations and reports



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## RELEASE OF INFORMATION

Date: \_\_\_\_\_

I hereby give permission to Geshher Yehuda and its representatives and consultants to release and obtain any and all confidential information pertaining to my child.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Signature: \_\_\_\_\_



attach photo  
here

## APPLICATION FOR ADMISSION

1. **Applicant's Name:** \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ NYC ID#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. **Father's Name:** \_\_\_\_\_ Birthplace: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Business: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Synagogue Affiliation: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Business: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a convert to Judaism?  Yes  No

Parent's status:  Married  Divorced  Widowed

Paternal Grandparents: \_\_\_\_\_  
Address: \_\_\_\_\_ Synagogue Affiliation: \_\_\_\_\_

Maternal Grandparents: \_\_\_\_\_  
Address: \_\_\_\_\_ Synagogue Affiliation: \_\_\_\_\_

3. Languages spoken at home: \_\_\_\_\_ Parents' preferred language: \_\_\_\_\_  
If applicant is foreign born, birthplace: \_\_\_\_\_ Date of arrival in USA: \_\_\_\_\_

#### 4. Family History (siblings of applicant)

<u>Names:</u>	<u>Ages:</u>	<u>Schools Attended:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the applicant's siblings have learning difficulties? If yes, please elaborate: \_\_\_\_\_

Applicant's numerical position in the family \_\_\_\_\_

Any other people living in the household? \_\_\_\_\_

5. Education [Previous Schools]

Name of School:	Location:	Years Attended:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has applicant ever been dismissed from a school? \_\_\_\_\_  
If yes, please state reason: \_\_\_\_\_  
\_\_\_\_\_

6. School presently attending: \_\_\_\_\_  
Date of Admission: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Hebrew: \_\_\_\_\_ English: \_\_\_\_\_  
Regular Class: \_\_\_\_\_ Resource Room: \_\_\_\_\_ Special Class: \_\_\_\_\_  
English Teacher: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Hebrew Teacher/Rabbi: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

7. Previous Evaluations and Therapy [Please list all educational and medical evaluations done.]

<u>Evaluations:</u>	<u>Dates:</u>
_____	_____
_____	_____
_____	_____

Date of last evaluation by Department of Ed, CSE: \_\_\_\_\_  
Date of most recent IEP: \_\_\_\_\_  
Classification (e.g. learning disabled, speech impaired, etc.) \_\_\_\_\_  
Program recommended: \_\_\_\_\_

Has the applicant received any therapy? (e.g. ST, PT, OT, Counseling)

<u>Types of therapy:</u>	<u>Name of Provider:</u>
_____	_____
_____	_____
_____	_____

Is family involved with any social service agency? (e.g. Tafkid, SBH, Search, Ohel, CARE)? \_\_\_\_\_  
If yes, please provide name and telephone number of worker: \_\_\_\_\_

8. Family insurance coverage: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Does your child take any medication? \_\_\_\_\_  
If yes, name: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Name of Prescribing Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Has the child experienced any serious illness or had surgery? \_\_\_\_\_  
If yes, give dates and nature of illness: \_\_\_\_\_

9. Behavior [Please describe your child's past behavior in school].

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Please indicate your child's general behavior at home:

	<i>Not at all</i>	<i>Just a little</i>	<i>Pretty Much</i>	<i>Very Much</i>
Generally listens the first time				
Fights with siblings				
Gets easily frustrated				
Has difficulty organizing self				
Is restless/fidgets				
Is sensitive				
Is excitable/impulsive				
Moods change quickly or drastically				
Responds to praise/reward				
Demands a lot of attention				
Plays appropriately with peers				
Has difficulty changing from one activity to another				

Does your child have attention difficulties? \_\_\_\_\_  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

How much time do you spend doing homework with your child on a daily basis? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have a tutor? \_\_\_\_\_ If yes, for what subjects and how often? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your child's attitude towards school? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are your child's social interactions typical of a child his age? Please elaborate: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How does your child feel about himself/herself? Is there an awareness of strengths and weaknesses?

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What is your child's most endearing quality? \_\_\_\_\_

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What do you find most difficult about dealing with your child? \_\_\_\_\_

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What does your child value most? \_\_\_\_\_

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How do you feel Geshher Yehuda can help your child? \_\_\_\_\_

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If you have any other information that you feel might be helpful for us to know, please elaborate, (e.g.-a home situation, an illness in the family, any behavioral issue, or any other matter.) \_\_\_\_\_

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I hereby affirm that all the information I have given is true to the best of my knowledge is an accurate description of my child's history and abilities.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

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**FOR OFFICE USE ONLY**

Date application received: \_\_\_\_\_ Date screening completed: \_\_\_\_\_