APPLICATION REQUIREMENTS 2016/17

- Application for Admission. Please use your full legal name as it appears on your Social Security card (foreign students use name on Passport)
- Include a copy of your Social Security card and passport
- Your signature on all forms should be your legal first and last name in script
- Student Applicant Questionnaire
- Copy of your high school transcript and diploma
- Copy of transcripts from all postsecondary schools you attended
- 2 Letters of recommendation from your principal and Rabbi, to be sent directly to our office
- Personal Interview with the Dean after application is submitted. Please call for an appointment or email dhlseminary@bethrivkah.edu

Original Forms should be mailed to:
Mrs. Chana Gorowitz, Dean
ABRS, Division of Higher Learning
310 Crown Street
Brooklyn, NY 11225-3004
Email: DHLseminary@bethrivkah.edu

Fax copies or scans from a phone are not acceptable. Scans must be clear and legible.

FOR FOREIGN STUDENTS ONLY: Please see Information Regarding I-20 Student Visa
Students entering the U.S. on tourist visas will NOT be admitted.

Application Fee $100 waived for 12th grade ABRS students applications received before May 1, 2016

TUITION COSTS: 2016-17 / $5777 (Does not include room and board)

DHL 1 (sem aleph)
- Security Fee $150
- Student Activity Fee $500
- Overview of Jewish Studies $7500
- Intensive Studies of Chassidus option $500 (required for sem aleph)
- Maalot Credit option $550

DHL 2 (sem bais)
- Security Fee $150
- Student Activity Fee $300
- Overview of Jewish Studies / Advanced Jewish Learning $7500
- Intensive Teacher Training Early Childhood option $1400
- Intensive Teacher Training Elementary option $1900
- Maalot Credit option $550

DHL 3
- Applied Hebrew and Judaic Studies $5,800

For additional information please contact Mrs. Yocheved Baitelman 718 735-0400 x1120 or Mrs. Zisel Gurevitz at 718 735-0400 x1121 or email DHLSEMINARY@bethrivkah.edu.
APPLICATION FOR ADMISSION

Please indicate the Certificate Program and the semester for which you are applying (select one)

☐ ADVANCED JEWISH LEARNING ☐ APPLIED HEBRAIC AND JUDAIC STUDIES ☐ Fall 2016
☐ OVERVIEW OF JEWISH STUDIES ☐ NON-MATRICULATED ☐ Spring 2017

PERSONAL DATA [PLEASE TYPE OR PRINT CLEARLY]:

LEGAL NAME________________________________ AKA____________________________ HEbrew NAME____________________________

Last First

BIRTHDATE________________________________ HEBREW BIRTHDATE__________________ MAIDEN NAME ___________________________

SOCIAL SECURITY NUMBER _________________________ HOME PHONE ________________ CELL#__________________________

STUDENT’S EMAIL ____________________________________________ PARENT’S EMAIL ________________________

PERMANENT HOME ADDRESS _________________________________________________________________________________

PLACE OF BIRTH ______________________ ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO (IF NO, COMPLETE NEXT SECTION)

COUNTRY OF CITIZENSHIP__________________________________ COUNTRY OF RESIDENCY ________________________

☐ ALIEN REGISTRATION NUMBER____________________________ ☐ VISA TYPE________________________

PLEASE LIST ALL HIGH SCHOOLS ATTENDED (MOST RECENT FIRST)

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>LOCATION (CITY, STATE)</th>
<th>GRADES</th>
<th>☐ DATE GRADUATED</th>
<th>☐ Anticipated Graduation Date</th>
</tr>
</thead>
<tbody>
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</table>

LIST ALL POSTSECONDARY SCHOOLS YOU PREVIOUSLY ATTENDED OR ARE CURRENTLY ENROLLED IN (INCLUDE SEMINARIES, COLLEGES & VOCATIONAL SCHOOLS).

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>LOCATION</th>
<th>FROM</th>
<th>TO</th>
<th>CREDITS / DEGREE EARNED</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

APPLICANT SIGNATURE ______________________________________ DATE ________________________

FOR OFFICE USE ONLY: ACCEPTED_____ REJECTED_____ DATE____________ CONFIRMED BY_______
Family Information

Last Name: ___________________________________________ First Name ____________________________

Hebrew Name:_________________________________________ Mother’s Hebrew Name _______________________

Applicant’s Email ___________________________ Cell Phone ________________________________

Father’s Email ___________________________ Mother’s Email _________________________________

Father’s Name: ___________________________ Occupation ____________________________

Mother’s Name: ___________________________ Occupation ____________________________

Mother’s Maiden Name: ___________________________ Occupation ____________________________

Parent’s Marital Status: Married ______ Widowed _______ Divorced _______ Separated _______

Home Address: ________________________________________________

Brothers: Older ___ Younger ___ Sisters: Older ___ Younger ___ Are any of your siblings married? ______

Was your mother born Jewish? ___Yes ___No If “no” Please enclose a copy of your mother’s conversion papers.

Were you born Jewish? ___Yes ___No If “no” Please enclose a copy of your conversion papers.

Social

Do you have a Mashpia? _____________

Did you arrange or participate in extra curricular activities? If yes, please specify. ____________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Where did you spend your summers since 9th grade?

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Academic

High Schools Attended__________________________________________

Seminary Attended__________________________________________

What is your favorite subject in high school? _______________________

What is your strongest subject in high school? _______________________

What is your weakest subject in high school? _______________________

Sem Bais Applicants Are you interested in Intensive Teacher Training? _________________ If yes, please complete and submit a Teacher Training Application.

On the back of this page please write a paragraph on why you would like to attend Beth Rivkah DHL and what your expectations are (i.e. Chassidishkeit, academics, socially).
Student Health Declaration

Student’s Name ______________________________________ Email Address ____________________________

Student’s Home address ______________________________________________________________________

Student’s Hebrew Name ______________________________ Mother’s Hebrew Name ____________________________

Medical Insurance Information (Valid in New York) - ________________________________________________

Do you have a Dor Yeshorim #? Yes _______ No _______

Do you have frequent headaches or migraines? ______________________________________________________

Do you have any allergies? ____________ If yes, please specify __________________________________________

Do you have any eating limitations? ____________ If yes, please specify _________________________________

Do you take any medications? __________ If yes, please specify _________________________________________

Do you have or have a history of health issues or illnesses? _________________________________________

Did you ever need psychological or psychiatric attention? ____________________________________________

Family Physician ________________________________________ Phone# _________________________________

Emergency Contact __________________________________ Phone# _________________________________

Emergency Contact in Crown Heights ___________________________ Phone# _______________________________

I hereby authorize Beth Rivkah to make all decisions concerning Emergency Medical Treatment

Student’s Signature ___________________________ Cell # ________________________________

Parent’s Signature _____________________________ Cell# _________________________________

PLEASE COMPLETE THE ENCLOSED
STUDENT IMMUNIZATION RECORD FORM
IT MUST BE SIGNED BY STUDENT/PARENT AND PHYSICIAN
NEW IMMUNIZATION REQUIREMENT FOR STUDENTS
ATTENDING A NEW YORK STATE SCHOOL OF HIGHER EDUCATION

Dear Students and Parents,

In accordance with New York State Public Health Laws, every student attending an institution of higher learning must submit the Meningitis Response Form and proof of immunity against measles, mumps and rubella prior to registering for classes.

PLEASE NOTE THAT THE NYS BOARD OF HEALTH MAY ISSUE A $2,000.00 FINE FOR EACH STUDENT WHO DOES NOT HAVE A RECORD OF IMMUNIZATIONS ON FILE!

Enclosed please find the Associated Beth Rivkah, DHL Student Immunization Record Form. Please fill it out as follows:

PART I MENINGITIS RESPONSE FORM refers to the meningococcal meningitis immunization (menomune or menectra).
If the student is under 18 years old, the parent must fill this out and sign it.
If the student is 18 years old or older, the student must fill it out and sign it.

If your daughter is 18 years old or older and is not at home to sign, please return this form to our office after the doctor fills out his portion regarding the measles, mumps and rubella, and your daughter can complete this section and sign it when she comes to Beth Rivkah.

PART II refers to the measles, mumps and rubella immunity, either with the immunizations, history of illness (this does not apply to rubella), or through immunization proven through serologic (blood) testing.

If the student is in the process of completing the requirements of these immunizations, she needs a certificate of immunization proving that she has received at least one dose each of the live measles, mumps and rubella virus vaccines and has an appointment to return to the health practitioner for the 2nd dose of the live measles virus vaccine within 90 days of the first measles vaccine.

Please take care of this matter as soon as possible.

STUDENTS WILL NOT BE ADMITTED TO ORIENTATION WITHOUT A COMPLETED IMMUNIZATION FORM (see attached), SIGNED BY THE STUDENT/ PARENT AND DOCTOR.

Thank you in advance for your cooperation,

Sincerely,

Yocheved Baitelman
DHL Office
# STUDENT IMMUNIZATION RECORD FORM

Name:_____________________________________ Date of Birth:__/__/____  Last 4 digits Social Security # _ _ _ _  

Home Address_________________________________________________________  

Home Phone #:_______________________________________ Student’s Cell Phone# _________:________________  

Student’s E-mail ___________________________________  
Parent’s E-mail  

## Part I – MENINGITIS RESPONSE FORM - to be checked, completed and signed by the student (or parent if student is under age 18)  

____ I have had the meningococcal meningitis immunization (Menomune) within the past 10 years  Date___________  

____ I will obtain immunization against meningococcal meningitis within 30 days from my private health provider.  

____ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis disease.  

Student / Parent Signature:______________________________________________ Date________________________  

## Part II – Vaccination record to be completed and signed by a licensed health care provider.  

<table>
<thead>
<tr>
<th></th>
<th>MEASLES</th>
<th>MUMPS</th>
<th>RUBELLA</th>
<th>COMBINED MMR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaccination dates</strong> (Two doses required for measles or MMR)</td>
<td>Dose 1:</td>
<td></td>
<td></td>
<td>Dose 1:</td>
</tr>
<tr>
<td></td>
<td>Dose 2:</td>
<td></td>
<td></td>
<td>Dose 2:</td>
</tr>
<tr>
<td><strong>Scheduled date for Dose 2 of measles or MMR</strong></td>
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<tr>
<td><strong>Disease History (date of onset)</strong></td>
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<tr>
<td><strong>Serology date and result (Include copy of lab report)</strong></td>
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</tbody>
</table>

I certify that the above information is correct.  

Health Care Provider Signature__________________________________________  

Printed Name and Title ______________________________________ Phone__________________  

Address__________________________________________________________________ Date____________________  
