בס"ד

Division of Higher Learning
Associated Beth Rivkah Schools

310 Crown Street
Brooklyn, New York 11225
(718) 735-0400 Fax: (718) 735-0422

APPLICATION REQUIREMENTS 2017/2018

- **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

TUITION COSTS: 2017-18 / 5778 (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.

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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 2017**
☐ **OVERVIEW OF JEWISH STUDIES** ☐ **NON-MATRICULATED** ☐**Spring 2018**

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)**

NAME OF SCHOOL	LOCATION (CITY, STATE)	GRADES	☐ DATE GRADUATED ☐ Anticipated Graduation Date
			Month _____ Year _____

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

SCHOOL	LOCATION	FROM	TO	CREDITS / DEGREE EARNED

_____ _____
APPLICANT SIGNATURE DATE

FOR OFFICE USE ONLY:
ACCEPTED_____ REJECTED_____ DATE_____ CONFIRMED BY_____

Associated Beth Rivkah Schools - Division of Higher Learning
310 Crown Street, Brooklyn, NY 11225
Student Applicant Questionnaire 2017/18 5778

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 _____Mother's Maiden Name_____ Occupation _____

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 you 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? ___ Yes ___ No If yes, please request and submit a **Teacher Training Application**.
Are you interested in training for teaching adult education? ___ Yes ___ No This option is open regardless of whether you do Intensive Teacher Training or not.

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).

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Student Health Declaration 2017/18 5778

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 of 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

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NEW IMMUNIZATION REQUIREMENT FOR STUDENTS ATTENDING A NEW YORK STATE SCHOOL OF HIGHER EDUCATION

Dear Students and Parents שיחיו ,

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

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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 Email _____

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.**

	MEASLES	MUMPS	RUBELLA	COMBINED MMR
Vaccination dates (Two doses required for measles or MMR)	Dose 1:			Dose 1:
	Dose 2:			Dose 2:
Scheduled date for Dose 2 of measles or MMR				
Disease History (date of onset)				
Serology date and result (Include copy of lab report)				

I certify that the above information is correct.

Health Care Provider Signature_____

Printed Name and Title _____Phone_____

Address_____Date_____