

BAIS RIVKAH DIVISION OF HIGHER LEARNING
APPLICATION FOR ADMISSION FOR EVENING CLASSES 5776

PERSONAL DATA (PLEASE TYPE OR PRINT CLEARLY)

NAME _____ HEBREW NAME _____
 DATE OF BIRTH: ___/___/_____ SOCIAL SECURITY NUMBER _____
 ADDRESS: _____
 TELEPHONE NUMBER _____ CELL PHONE NUMBER _____
 E-MAIL _____

EDUCATION

WHICH POST-SECONDARY SCHOOL HAVE YOU ATTENDED?

SCHOOL	LOCATION	FROM	TO	CREDITS / DEGREE EARNED

ARE YOU CURRENTLY ATTENDING ANY POST-SECONDARY SCHOOL?

SCHOOL	LOCATION	FROM	TO	CREDITS / DEGREE EARNED

EMPLOYMENT

IF YOU WILL BE EMPLOYED THIS COMING YEAR, PLEASE FILL OUT THE FOLLOWING:

EMPLOYMENT POSITION _____ NAME OF EMPLOYER _____
 SUPERVISOR/PRINCIPAL _____ ADDRESS _____
 PHONE NUMBER _____ E-MAIL _____

PLEASE INDICATE THE DAYS AND COURSES YOU ARE APPLYING FOR:

MONDAY: 7:30 - 8:25 RABBI WOLF ____

8:30 - 9:30 MRS. BOREVITZ ____

WEDNESDAY: 8:00 - 10:00 RABBI SPUTZ (POST SEM TEACHERS ONLY) ____

METHOD OF PAYMENT (FOR OFFICE USE ONLY)

CREDIT CARD _____ CARD NUMBER: _____ EXP. DATE: _____

CHECK _____ CHECK NUMBER _____ **CASH** _____ **OTHER** _____

FOR MORE INFORMATION OR TO REGISTER PLEASE:

CALL 718-735-0400 EXT. 1129. **FAX:** 718 804 8915. **E-MAIL:** BKOGAN@BETHRIVKAH.EDU

Applicant signature: X _____ . DATE: ___ / ___ / ___