



Division of Higher Learning  
**Associated Beth Rivkah Schools**

310 Crown Street  
 Brooklyn, New York 11225  
 (718) 735-0400 DHLSeminary@Bethrivkah.edu

**APPLICATION FOR ADMISSION**

**Fall 2018**

**Spring 2019**

**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 _____
<input type="checkbox"/> ALIEN REGISTRATION NUMBER _____	<input type="checkbox"/> VISA TYPE _____

PLEASE LIST **HIGH SCHOOL YOU WILL GRADUATE OR GRADUATED FROM**

NAME OF SCHOOL	LOCATION (CITY, STATE)	DATE GRADUATED or 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

*I hereby apply for enrollment as a regular student at Associated Beth Rivkah School, DHL for the purpose of obtaining Advanced Classical Torah Studies Degree. I certify that all the information contained on this application is accurate and complete to the best of my knowledge. I further understand that I must remain in compliance with all of Associated Beth Rivkah Schools' rules and regulations as described in the bulletin and other official notices and publications.*

\_\_\_\_\_  
**SIGNATURE OF APPLICANT** (FULL LEGAL NAME)

\_\_\_\_\_  
 DATE

**FOR OFFICE USE ONLY:**

ACCEPTED \_\_\_\_\_ LEVEL \_\_\_\_\_ CREDITS ACCEPTED \_\_\_\_\_

CONFIRMED BY \_\_\_\_\_ SEMESTER \_\_\_\_\_ DATE \_\_\_\_\_