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Division of Higher Learning
Associated Beth Rivkah Schools

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

APPLICATION FOR RE-ADMISSION

Please indicate the semester year for which you are applying:

Fall 2019

Spring 2020

PERSONAL DATA:

Name _____ AKA _____
LAST FIRST

Hebrew Name _____ Maiden Name _____

Birth date _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Home Telephone _____ Cell phone _____

Email _____ Parents Email _____

Local Address _____

EDUCATIONAL DATA:

Please list all post secondary schools (include seminaries) previously attended, or in which you are currently enrolled.

SCHOOL	LOCATION	FROM	TO
ABRS DHL	Brooklyn, NY		

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.

APPLICANT SIGNATURE: _____ **DATE** _____

FOR OFFICE USE ONLY:

ACCEPTED _____ SEMESTER _____ LEVEL _____

CONFIRMED BY _____ CREDITS ACCEPTED _____ DATE _____