



Division of Higher Learning
Associated Beth Rivkah Schools

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

APPLICATION FOR ADMISSION

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 _____
 HOME ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____
 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 (INCLUDE SEMINARIES, COLLEGES & VOCATIONAL SCHOOLS)** YOU PREVIOUSLY ATTENDED OR ARE CURRENTLY ENROLLED IN.

| SCHOOL | LOCATION | FROM | TO | CREDITS / DEGREE EARNED |
|--------|----------|------|----|----------------------------|
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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 IN SCRIPT)

DATE

FOR OFFICE USE ONLY:

ACCEPTED _____ LEVEL _____ CREDITS ACCEPTED _____
 CONFIRMED BY _____ SEMESTER _____ DATE _____