

APPLICATION FOR ADMISSION

Student Information

Last name	First	Middle	Age
Place of birth	Date of Birth	Country(ies) of citize	nship
Address			
Home Phone Number	Cell	Phone Number	
	<u>Family in </u>	<u>iformation</u>	
Father- Name	Telephone	Cell phone	
Home Adress			
Email Adress	Occupation		
Name of firm or company		Telephone at work	
Name of Shul attended		Place of birth	
Mother- Name	Telephone_	Cell phone_	
Home Adress			
Email Adress		Occupation	
Name of firm or company	Telephone at work		
Place of birth			
Name of relative in Israel	Address		
Siblings-Number of brothers and their ages Number of sisters and their ages		ages	
Please list their occupations	or the name of school that th	ey attend	
	Academ	iic History	
Please list below the nam		s you have attended and the amount the most recent.	unt of time spent there.

Please list the name, position and contact	t information of the Rebbe or	Rebbeim that you are closest with.	
Please write what you have learned during		Bekius	
	MEDICAL INFORMATION	<u>N</u>	
Have you ever had a serious illness? Yes	☐ No☐ If yes, please explain_		
Do you have any physical ailments? Yes	\square No \square If yes, please explain $_$		
Are you or have you been under any med	dication? Yes □No□ If yes, pl	ease give details	
Do you have any allergies? Yes ☐No☐ If	yes, please give details		
Are you or have you been treated for any	v emotional or psychological is	ssues? Yes □No□ If yes, please give deta	nils
Please write the reasons that you are into	erested in learning in Toras Sin	mcha	
If you have any other information that yo here	·		
Please note that tuition is 18,00	00 US Dollars per year Scholar	rships are available on a limited basis.	
Signature of Applicant	Signature of Parent	tDate	