

FOR ADMISSION TO: YESHIVA BNEI SIMCHA Jerusalem, Israel: For Academic Year _____

Family Name _____ First _____ Middle _____ Hebrew (First and Family) _____

Address _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____

Mailing Address if different than above: _____

Phone –Personal _____

Fax _____

Passport Number _____

Date of Birth month/day/year _____

Citizenship _____

E-mail address – Personal _____

Social Security Number _____

Country Issuing Passport _____ Exp. Date _____

Synagogue _____

Rabbi _____

Name _____ Phone Number _____

Attach two original, current passport-size photos

FATHER

Last Name _____ First _____

Occupation _____ Citizenship _____

Business Phone _____ Business Fax _____ Cell Phone _____

Address if different from the applicant _____

Educational Background (religious and secular) _____

MOTHER

Last Name _____ First _____ Maiden _____

Occupation _____ Citizenship _____

Business Phone _____ Business Fax _____ Cell Phone _____

Address if different from the applicant _____

Educational Background (religious and secular) _____

If you live with a guardian, please write his/her name and relationship to you _____

SIBLINGS

Name	Age	School/Occupation	Yeshiva attended in Israel

EDUCATION

Name of School _____ Location _____ Attended (from –to) _____

Current School _____

Elementary Schools _____

Secondary Schools _____

Colleges/Universities _____

Jewish Schools (if not included above) _____

Other Institutions _____

Name of Applicant _____

High School Average _____ SAT Scores: Math _____ Verbal _____

HEBREW SKILLS: Please rate your skill (1=none 5 =fluent)

Read with vowels Read without vowels Understand Speak Write
1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

Have you had experience learning and translating Chumash with commentaries? (Give details) _____

Prophets and Writings with Commentaries? (Give details) _____

Jewish Law? (Give details) _____

Mishna – Oral Law? (Give details) _____

Gemara-Talmud? (Give Details) _____

Extracurricular activities – Describe your extracurricular activities in and out of school _____

What did you do the last three summers? _____

Previous visits to Israel: Indicate date(s) and program(s) _____

Work Experience _____

List the other Israel programs to which you are applying _____

Please list the people who will be writing letters of recommendation for you:

Name _____ Position _____ Phone _____

Name _____ Position _____ Phone _____

Family or close friends in Israel (if any)

Name _____ Address _____ Phone _____ Relationship _____

Name _____ Address _____ Phone _____ Relationship _____

Student's Signature _____ Parent's Signature _____

Print Name _____ Date _____ Print Name _____ Date _____

Please remember to include the application fee of \$150, essay and two photographs. The application fee is non refundable. Please insure that your transcript, SAT/GSCE scores and two letters of recommendation arrive before the application is processed.

MEDICAL FORM

(This information will be kept strictly confidential)

Name of Applicant _____

Father's Name _____ Mother's Name _____

Parents are: Married Divorced Separated Widowed

Address _____

Phone Number _____ Date of Birth _____

Passport Number _____ Place of Birth _____

PERSON IN ISRAEL TO NOTIFY IN CASE OF EMERGENCY:

Name _____ Relationship to Student _____

Address _____ Phone _____

1. Are you a vegetarian, vegan or do you have any other special dietary requirements? _____

2. Height _____ Weight _____

3. Have you, or any member of your family, suffered from: tuberculosis, epilepsy, emotional disturbances, heart diseases, asthma, diabetes, digestive tract diseases, other diseases? Please check the appropriate answer below. If yes, give details. Use separate sheet, if necessary.

() NO () YES Details _____

4. List any hospitalization and diagnosis () NONE () YES Details and dates _____

5. Have you ever received psychological counseling? () NO () YES (Attach Reports and details)

6. Are you allergic to any medications? () NO () YES
If yes, indicate which medications _____

7. List any other allergies _____

8. Have you ever suffered from an eating disorder? () NO () YES Details _____

Please continue on next page

MEDICAL FORM

(This information will be kept strictly confidential)

Additional Medical Information

Conditions noted on this form should be of a long term nature. Please reply as fully as possible to help us protect your son.

Loss of consciousness (LC) _____

Ear Disorder (ED) _____

Eyesight impairment (EI) _____

Respiratory disorder (RD) _____

Migraine (M) _____

Limp (L) _____

Stuttering (S) _____

Eye Squinting (ES) _____

Tics (T) _____

Uncontrollable shaking of body parts (US) _____

Uneven gait (UG) _____

Other Medical Condition (OMC) _____

Check the appropriate statement.

____ Our son is responsible and mature enough to take his own medication without supervision and monitoring.

____ Our son needs supervision and monitoring to make sure he takes his medication.

Signature of Parent/Legal Guardian

Date

MEDICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN

Name of Student _____

1. Vision _____ Hearing _____

<u>General Examination</u>	<u>Normal</u>	<u>Deviation from Normal</u>
Height	_____	_____
Weight	_____	_____
Heart	_____	_____
Lungs, Chest	_____	_____
Blood Pressure	_____	_____
Hemoglobin	_____	_____
Abdomen, Digestive Tract	_____	_____
Mouth, Throat	_____	_____
Skin	_____	_____
Spine	_____	_____
Feet	_____	_____
Nervous System	_____	_____
Allergies	_____	_____

Other remarks _____

3. a) Is student presently receiving any medications? If so, please attach statement of such medications with dosage and directions and indication if prescription refill by the student is required.
b) List any medication that the student has taken regularly at any point over the last three years. _____

4. Does the student have any history of an eating or dietary disorder, or currently manifest any signs of either? () NO () YES
Details _____

5. Does the student have any physical limitations? () NO () YES
Details _____

6. Date of last tetanus immunization _____

7. Date of BCG vaccination _____

I have examined the above named student and DO consider him physically and emotionally able to participate in your program in Israel.

Name of Physician (please print) _____

Address _____

Phone _____

Signature _____ Date _____

RECOMMENDATION FORM A

(Pages 6 - 8)

Name of Candidate _____

Name of Person Completing this Form _____

To The Candidate: Please print your name in the space provided above and submit a copy of this form to your principal and one teacher, or to two teachers who have known you for the past two years

To Whom It May Concern:

The student whose name appears above is a candidate for admission to *Yeshiva Bnei Simcha*. We would appreciate your filling out the following pages of this recommendation form on the basis of your relationship with him. The completed form should be returned directly to *Yeshiva Bnei Simcha* at the address listed on this form.

The contents of this form will be kept entirely confidential.

Candidate's emotional maturity:
Candidate's academic ability:
Candidate's leadership qualities:
Candidate's ability to function independently:
Candidate's level of motivation:
Candidate's religious motivation:
General comments:

Are you aware of any medical issues that the student has? If yes, please explain

When you think of the candidate, what are the first three adjectives that come to mind?

(Please continue on next page)

Name of Candidate _____

Please Check the Most Appropriate Answer						
Attribute	Always	Often	Sometimes	Rarely	Never	No Data
Takes initiative						
Leader of peers						
Shows flexibility						
Participates well in class						
Willing to help others						
Considerate of others						
Relates properly to teachers						
Exhibits a warm, caring personality						
Copes well with setbacks						
Accepts personal responsibility						
Is honest and straightforward						
Contributes to Torah atmosphere						

(Please continue on next page)

Name of Candidate _____

Please Check the Most Appropriate Answer

	Below Average	Average	Good	Very Good	Excellent Top 15%	No Data
Academic ability						
Critical and questioning attitude						
Pursuit of independent study						
Academic motivation						
Disciplined work habits						
Self confidence						
Interest in religious growth						

If you have any additional comments or observations that you feel will help us better understand the applicant, please attach a letter.

Signature _____ Name _____
(please print)

Date _____ School and Position _____

Phone Number _____

Thank you for your cooperation and assistance

RECOMMENDATION FORM B

(Pages 9 - 11)

Name of Candidate _____

Name of Person Completing this Form _____

To The Candidate: Please print your name in the space provided above and submit a copy of this form to your principal and one teacher, or to two teachers who have known you for the past two years.

To Whom It May Concern:

The student whose name appears above is a candidate for admission to *Yeshiva Bnei Simcha*. We would appreciate your filling out the following pages of this recommendation form on the basis of your relationship with him. The completed form should be returned directly to *Yeshiva Bnei Simcha* at the address listed on this form.

The contents of this form will be kept entirely confidential.

Candidate's emotional maturity:
Candidate's academic ability:
Candidate's leadership qualities:
Candidate's ability to function independently:
Candidate's level of motivation:
Candidate's religious motivation:
General comments:

Are you aware of any medical issues that the student has? If yes, please explain

When you think of the candidate, what are the first three adjectives that come to mind?

(Please continue on next page)

Name of Candidate _____

Please Check the Most Appropriate Answer						
Attribute	Always	Often	Sometimes	Rarely	Never	No Data
Takes initiative						
Leader of peers						
Shows flexibility						
Participates well in class						
Willing to help others						
Considerate of others						
Relates properly to teachers						
Exhibits a warm, caring personality						
Copes well with setbacks						
Accepts personal responsibility						
Is honest and straightforward						
Contributes to Torah atmosphere						

(Please continue on next page)

Name of Candidate _____

Please Check the Most Appropriate Answer						
	Below Average	Average	Good	Very Good	Excellent Top 15%	No Data
Academic ability						
Critical and questioning attitude						
Pursuit of independent study						
Academic motivation						
Disciplined work habits						
Self confidence						
Interest in religious growth						

If you have any additional comments or observations that you feel will help us better understand the applicant, please attach a letter.

Signature _____ Name _____
(please print)

Date _____ School and Position _____

Phone Number _____

Thank you for your cooperation and assistance

STUDENT INFORMATION

Name of Applicant _____

Special Needs:

Please indicate your son's special educational needs. We would appreciate it if you would submit any reports you have with this application form. This information will be used to assist in the correct placement and teaching methods tailored to your son's specific needs.

Additional Information/Special Circumstances:

Please inform us of anything that may affect your son e.g., illness, allergies, death of one parent, separation, divorce, or adoption.

Please attach a separate sheet if preferred. _____

Out of School Interests:

Please note any special interests, achievements, and activities. _____

Please indicate any areas in which there has been supplemental instruction received.

STUDENT LIFE SKILLS ASSESSMENT FORM

This section should be completed by the Parent or Legal Guardian of the Applicant

Name of Applicant _____

Rate each skill: Y=Yes N=No

or please provide an explanation on a separate sheet

- ___ Student is able to bathe or shower by himself
- ___ Student can dress himself
- ___ Student keeps his hair clean and neat
- ___ Student can take care of his own personal hygiene needs
- ___ Student can brush his teeth regularly
- ___ Student can take his own medication
- ___ Student can recognize symptoms of an illness such as a cold
- ___ Student can make his own bed
- ___ Student can travel independently
- ___ Student has good eating habits
- ___ Student has the skills necessary to handle money
- ___ Student has the necessary banking skills and the ability to budget his money
- ___ Student knows who can be contacted in an emergency
- ___ Student knows how to use his cell phone
- ___ Student has the necessary skills of self-control – knows right from wrong
- ___ Student has the ability to follow a daily program
- ___ Student can follow directions
- ___ Student has the awareness of wearing clean clothing
- ___ Student can get along with others in a dorm situation

STUDENT SELF-ASSESSMENT FORM

Students and parents should work together to complete this self-assessment.

Name of Applicant _____

Rate each quality 1 to 5

1=Always 2=Usually 3=Sometimes 4=Rarely 5=Never

- ___ I am a self starter and do my school work without being told.
- ___ I stay on task when doing my school work.
- ___ I know what needs to be done and schedule my time well.
- ___ I stay on task when using the Internet and don't get distracted.
- ___ I am conscientious about following through on the requests of my teachers.
- ___ I answer emails in a timely fashion.
- ___ I complete my school work on time.
- ___ I am not afraid to ask for help when I need it.
- ___ I am willing to put in extra time if needed to do a good job.

Technology Skills (Students will not be denied admission based on these responses)

Rate each skill as follows: Y=Yes N=No

- ___ I consider myself to be "user friendly" when it comes to computers.
- ___ I know how to access and search the Internet.
- ___ I am a regular user of email.
- ___ I know how to use Internet applications such as chat and discussions groups.
- ___ I know how to use a word processing program.
- ___ I have a scanner or access to one.
- ___ I have a fax machine or access to one.
- ___ I know how to use a spreadsheet.
- ___ I am not afraid to ask for technical help when I need it.

INFORMATION

Name of Applicant _____

The following items must also be submitted/or completed. No application will be complete without them.

1. Students must attach a copy of the most recent transcript showing all work completed.
2. A copy of the most recent IEP (Individualized Education Plan) or 504 (disabilities) Plan if the student has special needs.
3. A parent and student interview.

Final acceptance will be based on the following:

1. A Review of the student's records (Academic Records, Standardized Test Scores, Conduct Grades, and Special Needs)
2. The completion of a parent and student interview.
3. Prior to acceptance, a tuition contact must be signed and returned to Yeshiva Bnei Simcha.

Name of Applicant _____

Parent/Legal Guardian - Consent Form

I CONSENT to the collection, disclosure, and use of my son's personal information and personal health information for educational and therapeutic purposes

Parent/Legal Guardian – signature

Please print name

Date

Student - Consent Form

I CONSENT to the collection, disclosure, and use of my personal and health information for educational and therapeutic purposes to help in my treatment and education.

Student – signature

Please print name

Date

Parent/Legal Guardian Signature

I agree to the school rules and discipline on behalf of my son and to support the school's system of enforcing the school rules and discipline generally. I agree that in the event of my temporary absence I will appoint a legal guardian for this period and will inform the school accordingly.

Signature _____

Please Print Name _____

Date _____