

# YNS

## Application for Admission

5770 / 2009-2010 Academic Year

- Application **must** be accompanied by two passport sized photos
- Enclose a registration fee of \$180 (*non-refundable*) payable to Nishmat Shlomo. For credit card payments fill out the box at the end of this form. *There is a surcharge of 2.6% per credit card transaction. Charges will appear as Nishmat Shlomo Inc.*
- Send a copy of this form via fax to **972-50-896-3073** or via email to [office@ynsisrael.com](mailto:office@ynsisrael.com) followed by the hard copy(original) to:
  - **P.O.B. 7624, Tzfas 13100, Israel**
- For assistance call **972-4-692-4894** or **718-360-8275(direct call to Israel)**

### I. STUDENT INFORMATION

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hebrew Date of Birth: \_\_\_\_\_

Citizenship (*please note dual citizenship if applicable*): \_\_\_\_\_

Passport number(s): \_\_\_\_\_

Country of Residency: \_\_\_\_\_

Primary Address:

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I am a: (Please circle one)      Kohen      Levi      Yisroel      Convert

### II. FAMILY INFORMATION

Parental status: (*circle one*)      Married      Divorced      Widowed

Student lives with: (*circle one*)      Father      Mother      Neither

#### a) Father Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address (*if different from above*):

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ ext. \_\_\_\_\_ Cell #: \_\_\_\_\_

What *shul* does father attend? \_\_\_\_\_ Rabbi of Shul: \_\_\_\_\_

**b) Mother Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address (*if different from above*):

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ ext. \_\_\_\_\_ Cell #: \_\_\_\_\_

What *shul* does mother attend? \_\_\_\_\_ Rabbi of Shul: \_\_\_\_\_

**c) Paternal Grandparents Contact Information**

Grandfather’s Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grandmother’s Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address (*if separate addresses please note below*):

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Additional address: \_\_\_\_\_

**d) Maternal Grandparents Contact Information**

Grandfather’s Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grandmother’s Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address (*if separate addresses please note below*):

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Additional address: \_\_\_\_\_

**III. EDUCATION**

**a) Prior Education**

*Please list all schools attended up to date beginning with Jr. High:*

Name of School	Location	Grades attended	Between Dates	Diploma received	Additional Notes

Were you asked to withdraw from any school? *If yes, please explain.* \_\_\_\_\_

**b) Current Education**

What school are you currently attending? \_\_\_\_\_

Rabbi of Shiur? \_\_\_\_\_ Masechta(s) being learnt \_\_\_\_\_

What *shul* do you attend? \_\_\_\_\_ Rabbi of Shul: \_\_\_\_\_

**IV. NEXT YEARS PLANS**

If accepted, when do you expect to arrive in YNS? \_\_\_\_\_

Do you currently know any students and/or staff that attend YNS? *If yes please note.* \_\_\_\_\_

Who recommended to you YNS? \_\_\_\_\_

Who do you currently look to for guidance? \_\_\_\_\_

**V. MEDICAL INFORMATION**

Please indicate any special characteristics of your physical health. (Include any allergies and/or sensitivities):

\_\_\_\_\_

\_\_\_\_\_

Have you or are being treated for any emotional condition? \_\_\_\_\_

\_\_\_\_\_

Please indicate if you are taking, or took in the past (on a protracted basis), any medication for any aspect of your health:

\_\_\_\_\_

\_\_\_\_\_

**VI. CONTACT INFORMATION**

*Please list two names as references.*

- 1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone numbers: \_\_\_\_\_
- 2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone numbers: \_\_\_\_\_

*Please list two relatives or friends in Israel.*

- 1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone numbers: \_\_\_\_\_
- 2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone numbers: \_\_\_\_\_

*I realize that the Yeshiva reserves the right to withdraw any student at anytime.*

**Parent’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

VISA or MC # _____ Exp. Date ___/___ Security Code _____
Name on Card: _____ Signature: _____
Billing Address: _____