



ישיבת בית ישראל Yeshivas Bais Yisroel

Kollel Zichron Shlomo-Bais Yehudah Leib, Shlom Bonayich Graduate Institute, Inc.

Harav Doniel Lehrfield

Rosh Hayeshiva - President

הרב דניאל לרפלד

ראש הישיבה - נשיא

Harav Moshe Chaim Lehrfield

Rosh Hayeshiva

הרב משה חיים לרפלד

ראש הישיבה

An interview is required for all applicants. If you have not already had an interview, we will be in contact with you to arrange one. Non-applicable questions should be marked N/A. Please include a current photo when submitting your application. Application must be signed to be considered for acceptance. **All fields marked with an * are compulsory. Please print clearly.**

Apply online at
YeshivasBaisYisroel.org

Applying for Academic Year* _____

Applicant Information

Name* _____
Last First Middle

Legal Name as on Passport* _____ Hebrew Name* _____

Address* _____
Street Address Apartment/Unit #

City State/Province Country ZIP/Postal Code

Cell Phone* _____ Home Phone* _____ Email* _____

Date of Birth* _____ Country of Birth* _____

Passport* _____
Number Expiration Country of Issue

Do you have Israeli citizenship?* YES NO

Do you have an Israeli passport?* YES NO

Education

Elementary School: _____ Location: _____

From Year _____ To _____

High School* _____ Location* _____

From Year* _____ To* _____

Additional School: _____ Location: _____

From Year _____ To _____

Summer Camp Attended the Past
Two Summers* _____

Family Information

Father

Mother

Title _____

Name* _____

Maiden Name _____

Marital Status* _____

Date of Birth* _____
For visa purposes we will need your parents' dates of birth

Address* _____
If different than applicant's

Home Phone* _____

Cell Phone* _____

Email* _____

Occupation* _____

Citizenship* _____

Has Israeli citizenship?* _____

Siblings _____
Name Age School/Occupation Yeshiva Attended in Israel (if applicable)

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Siblings _____
Name Age School/Occupation Yeshiva Attended in Israel (if applicable)

Family in Israel

Name _____ Relationship _____
Address: _____
Street Address *City*
Home Phone _____ Cell Phone: _____

Name _____ Relationship _____
Address: _____
Street Address *City*
Home Phone _____ Cell Phone: _____

Medical Information

Do you have any allergies or special dietary requirements?* _____

Please list any medications you are currently taking and for what.* _____

Is there anything else medically that we should be aware of?* _____

Name of Emergency Contact in Israel* _____

_____ *Street Address* *City*
Home Phone* _____ Cell Phone* _____ Relationship* _____

Name of Emergency Contact in Israel _____

_____ *Street Address* *City*
Home Phone _____ Cell Phone _____ Relationship _____

Disclaimer and Signature

1. The yeshiva requires all students to insure themselves with local coverage in case of hospitalization or other medical expenses. There are different policies available in Israel, which will cover the student either for hospitalization and/or doctor's visits at a relatively small cost. The most efficient coverage is through Israeli insurance plans made available through the yeshiva.
2. It is understood that the responsibility of medical insurance and hospitalization is upon the student and the parents. Under no circumstances will the yeshiva be responsible for the student's medical expenses. Tuition fees do not cover medical expenses or insurance.
3. The privilege of studying at Yeshivas Bais Yisroel, is conditional on satisfactory participation in all sedarim and shiurim, and on adherence to the rules and regulations of the yeshiva. The yeshiva reserves the right to require the withdrawal of any student according to its conditions, for any reason it deems sufficient.
4. An applicant will only be accepted as a student and privileged to participate in classes or utilize any of the facilities including the dormitory and dining room, after he has completed his registration and settled all matters of fees for tuition, room and board with the yeshiva office.
5. Deferment or reduction in payment of fees will only be considered valid when authorized by the yeshiva office.
6. No transcript or certificate will be issued without full payment of outstanding fees.

I have carefully read all of the above information, and hereby certify that all the information provided on this form is true, accurate and complete to the best of my knowledge.

Signature* _____ Date* _____

Please submit the application via email to applications@yeshivasbaisyisroel.org
or to your local office:

USA

6 Esti Circle
Lakewood, NJ 08701
732-905-0285
usoffice@yeshivasbaisyisroel.org

UK

24 Elms Avenue
London, England NW42PG
office@yeshivasbaisyisroel.org

ISRAEL

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Ramat Shlomo, Jerusalem 97421
972-2-587-9809
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