

Darchei Binah Hachadash
22 Nezer David Street, POB 16432, Jerusalem, Israel 91164
•Tel: 718 252 6017 • Email: sf@infodbi.com

APPLICATION FOR ADMISSION

Completed application should be sent to the following address:
Darchei Binah Hachadash
1904 Avenue J Brooklyn, NY 11230-4201

PLEASE FOLLOW THE INSTRUCTIONS BELOW BEFORE SUBMITTING YOUR APPLICATION:

- 1 Personal Statement**

The committee of admissions seeks to gain an understanding of you as an individual. On a separate sheet of paper, please write any information you think would be helpful to us in considering your application. Include the reasons for your interest in Darchei Binah Hachadash and what you hope to gain throughout the year. Your statement will be kept in strict confidence.
- 2 References**

Please obtain a recommendation from the principal of your school or Limidei Kodesh department using the enclosed reference form.
- 3 Tuition**

Tuition fee for the academic year 2025 - 2026 will be US\$27,500. It includes registration, tuition, library fees, field trips, all meals on school days, and Shabbos programming.
- 4**

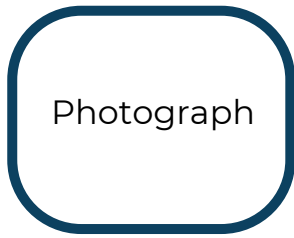
In order to insure that your application is processed without delay, the following items must be submitted together to our Brooklyn office:

 1. Your completed application form.
 2. Two recent passport size photographs - application WILL NOT be processed without photographs.
 3. Your personal statement.
 4. US\$100. (nonrefundable) check or money order drawn on a US bank for the application fee.
- 5**

Upon receipt of the above 4 items, you will be contacted to arrange for a personal interview.
- 6**

In addition, the following items must be sent to our Brooklyn office without delay:

 1. High school transcript.
 2. One completed Darchei Binah Hachadash reference form.



Affix two current passport size photographs
(2 x 2 inches)

APPLICANT INFORMATION:

Name: First: _____ Last: _____ Hebrew: _____

Place of Birth: _____ Date of Birth:

Home Address, City, State, Zip, Country: _____

Telephone: Home: (_____) - _____ Mobile: (_____) - _____

Email: _____ Citizenship: _____

Number of Siblings: _____ Ages: _____

FATHER INFORMATION:

Fathers Name: First: _____ Hebrew: _____

Place of Birth: _____ Date of Birth:

Home Address, City, State, Zip, Country: _____

Email: _____ Phone Number: (_____) - _____

Occupation: _____ Employer: _____

Education (High School, Seminary, etc.): _____

Business Address & Day Tel: _____ (_____) - _____

MOTHER INFORMATION:

Mothers Name: First: _____ Maiden: _____ Hebrew: _____

Place of Birth: _____ Date of Birth:

Home Address, City, State, Zip, Country: _____

Email: _____ Phone Number: (_____) - _____

Occupation: _____ Employer: _____

Education (High School, Seminary, ect): _____

Business Address & Day Tel: _____ (_____) - _____

EMERGENCY CONTACT:

Name: First: _____ Last: _____

Address: _____ Phone Number: (_____) - _____

PERSONAL INFORMATION

Shul: Rabbi:

Address & Phone Number:

List other major extracurricular activities:

Have you ever had a job during the school year? YES NO

If yes, please describe:

Describe your summer activities during the past 3 summers:

EDUCATION

What are your plans the year after seminary?

List any academic or service awards or scholarships you have received:

Do you have any learning disabilities or physical handicaps which might require special attention? YES NO

If yes, please describe:

List all other schools to which you have applied or intend to apply for the coming year:

School Presently Attending : Grade:

High School Averages: Hebrew: English:

Previous Education : (elementary, high school)

School	Dates Attended
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

MEDICAL INFORMATION

All information MUST be completed and signed

Failure to complete this section truthfully is grounds for expulsion from Darchei Binah Hachadash

History:

Do you have a history involving any of the following:

Cardiac/ Pulmonary	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Orthopedic	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Gastro/ Intestinal	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Genito/ Urinary	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Neurological	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Endocrinological	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Eating Disorders	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Psychiatric	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If YES to any of the above, please give particulars: dates, complications and any residual symptoms:

Allergies:

Is there a history of allergy to any medication or food substance YES NO

If yes, please give particulars:

Medication:

Are you presently on any medication? YES NO

If yes, please attach statement of dosage and directions for the school to have on file

Data:

Height:

Weight:

TO THE BEST OF MY KNOWLEDGE THE ABOVE MEDICAL INFORMATION IS TRUE AND CORRECT

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PHYSICIAN

DATE

PASSPORT AND ISRAEL INFORMATION

Passport No. Legal Name on Passport:

Date of Issue: Expiration: Country:

Social Security No.

Previous visits to Israel (including dates):

Have you or your parents ever held Israeli Citizenship, or lived in Israel as a "Temporary Resident" or

"Olah Chadasha" ? YES NO If yes, please describe:

Teudat Zehut/ Israel ID Number:

Family In Israel:

Family In Israel:

Name:

Name:

Address:

Address:

Phone Number

Phone Number

Relation:

Relation:

Reference Form

APPLICANTS NAME

PHONE NUMBER

HOME ADDRESS

SCHOOL PRESENTLY ATTENDING

To the Applicant:

Fill in the above information. Give a stamped envelope addressed to DARCHEI BINAH HACHADASH 1904 Avenue J Brooklyn, NY 11230 together with this form to the individual whose recommendation you are seeking.

To the Respondent:

The Committee on Admissions finds candid evaluations helpful in choosing from among many highly qualified candidates. We are interested in the applicant's middos, commitment to Torah values, and her overall qualifications for spending a year of development in Eretz Yisroel.

Confidentiality:

Materials submitted in support of applications for admissions are used by those members of the Admissions Committee charged with the responsibility for the admissions procedure. Each individual given access to the materials is instructed to maintain strict confidentiality. DARCHEI BINAH HACHADASH does not provide access to admissions records to anyone, including applicants who have been rejected or to those who decline admission.

Ratings:

Please rate the applicant on the basis of 1 to 10 (10 being the highest) in the following areas:

Area of Evaluation	Rating 1-10	Comments
Desire for Growth		
Ability to get along with peers		
Responsiveness to constructive criticism		
Responsiveness to authoritative figure		
Maturity		
Intellectual Ability		
Academic Achievements		
Disciplined work habits		
Attendance		

Evaluation:

1. Personal Characteristics

2. Academic Characteristics

Background Information:

For how long have you known the applicant?

Please note any capacity in which you have known the applicant outside the classroom (teacher, mechanechet or principal)

Please return this form to our office in the envelope provided by the applicant

Name:

Address:

Email:

Phone Number: () -

Institution:

Title:

SIGNATURE

DATE