



YESHIVAT LEV SHLOMO

700 IBSEN STREET • WOODMERE, NY 11598 • (516) 295-7700 FAX: (516) 295-2929

APPLICATION FOR ADMISSION

PLEASE ATTACH A
RECENT PHOTO
OF THE APPLICANT.

APPLICANT'S NAME: _____
LAST FIRST MIDDLE HEBREW NAME

HOME ADDRESS: _____
NUMBER AND STREET CITY STATE ZIP

HOME TELEPHONE: () _____ CELL PHONE: () _____

STUDENT EMAIL: _____ PARENT EMAIL: _____

DATE OF BIRTH: _____

NAME OF YESHIVA(S) YOU ATTENDED IN ISRAEL LOCATION DATE OF ATTENDANCE

NAME OF REBBE(S) TO WHOM YOU BECAME CLOSE: _____

NAME OF HIGH SCHOOL: _____ GRADUATION DATE: _____

FATHER'S NAME: _____
ENGLISH HEBREW

HOME ADDRESS: _____ TELEPHONE: _____

OCCUPATION: _____ EMPLOYER: _____

BUSINESS ADDRESS: _____ TELEPHONE: _____

MOTHER'S NAME: _____
ENGLISH HEBREW

HOME ADDRESS: _____ TELEPHONE: _____

OCCUPATION: _____ EMPLOYER: _____

BUSINESS ADDRESS: _____ TELEPHONE: _____

COMPLETE ALL ITEMS. PLEASE PRINT CLEARLY.
A NON-REFUNDABLE REGISTRATION FEE OF \$75 MADE PAYABLE TO HALB MUST ACCOMPANY THIS APPLICATION.
PLEASE ALSO INCLUDE YOUR HIGH SCHOOL TRANSCRIPT.

OTHER CHILDREN IN THE FAMILY

CURRENT SCHOOL

GRADE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ARE THERE ANY SPECIAL CONSIDERATIONS:

- DIVORCE ADOPTION DECEASED PARENT FAMILY ILLNESS OTHER

PLEASE EXPLAIN: _____

DOES THE APPLICANT HAVE ANY PARTICULAR DISABILITIES OR HAS HE EXPERIENCED ANY SERIOUS ILLNESS OR ACCIDENT?

CONGREGATION WITH WHICH FAMILY IS AFFILIATED: _____

NAME

ADDRESS

NAME OF RABBI: _____

HOW DID THE APPLICANT SPEND THE LAST THREE SUMMERS: _____

We understand that this course of study reflects the Yeshiva's commitment to excellence in Limudei Kodesh combined with a commitment to the values of Torah Judaism. Yeshivat Lev Shlomo has the discretionary right to require the withdrawal of any student at any time for any reason the school deems sufficient. Attendance at the Yeshiva is a privilege and not a right, and is dependent upon the maintenance of satisfactory attendance and work ethic. We hereby certify that the information given in the application is complete and accurate.

SIGNATURE OF APPLICANT: _____

DATE: _____

SIGNATURE OF FATHER: _____

DATE: _____

SIGNATURE OF MOTHER: _____

DATE: _____