

CHAYA AYDEL SEMINARY

1295 E. HALLANDALE BEACH BLVD., HALLANDALE BEACH, FL 33009

954-458-1877/954-458-1651 FAX

APPLICATION FOR ADMISSION FOR SCHOOL YEAR 5770

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

TELEPHONE:HOME _____ FAX _____

PARENTS WORK _____ CELL _____

EMAIL(applicant): _____ Parent's email _____

BIRTHDAY (MM/DD/YY) _____ SECULAR _____

FATHER'S NAME (Rabbi Mr. or Dr.) _____

MOTHER'S NAME _____

SCHOOLS ATTENDED (IF MORE THAN ONE PLEASE ATTACH A SEPARATE SHEET)

SCHOOL ATTENDING: _____

ADDRESS _____

PHONE # _____ FAX _____

HAVE YOU APPLIED ELSEWHERE? _____ IF SO WHERE? _____

SUMMER EXPERIENCES: _____

SUMMER 5770 _____

SHLIACH _____ PHONE # _____

SUMMER 5769 _____

SHLIACH _____ PHONE# _____

References (PLEASE ATTACH 2 LETTERS OF RECOMMENDATION)

1.NAME _____ PHONE# _____

POSITION _____

HOW LONG HAVE YOU KNOWN THIS PERSON _____

2. NAME: _____ PHONE# _____

POSITION _____

HOW LONG HAVE YOU KNOWN THIS PERSON _____

PLEASE USE THE SPACE BELOW TO DESCRIBE WHAT IS MOST IMPORTANT TO YOU IN A SEMINARY

PLEASE DESCRIBE HOW YOU ENVISION YOUR YEAR IN SEMINARY

PLEASE NUMBER IN ORDER OF IMPORTANCE TO YOU:

- | | |
|--|---|
| <input type="checkbox"/> ACADEMIC PROGRAM | <input type="checkbox"/> CHASSIDISHE ENVIRONMENT/FARBRENGEN |
| <input type="checkbox"/> SOCIAL EXPERIENCE | <input type="checkbox"/> COMMUNITY INVOLVEMENT |

WHAT ARE SOME OF YOUR CONCERNS ABOUT SEMINARY?

LIST TWO (2) OF YOUR FAVORITE LIMUDEI KODESH SUBJECTS AND DESCRIBE WHY YOU ENJOY THEM

1. _____

2. _____

PLEASE SHARE ANY HEALTH CONCERNS YOU MIGHT HAVE.

PLEASE SHARE ANY EATING OR ALLERGY CONCERNS.
