

**Mesivta - 5779/2018-2019**

**APPLICATION FOR NEW STUDENTS**

Dear Parents,

We are accepting registration for the upcoming ישיבה year, and we look forward to receiving your son's application.

Please send in the following items in order to complete your application:

1. Registration Form
2. Tuition Contract
3. \$250.00 dollar registration fee (non-refundable)
4. A copy of your son's most recent report cards
5. Teacher Assessment: Your son's teacher should fill out the attached questionnaire and fax it directly back to Yeshiva - (203) 773-9237. This form needs to be sent directly from the School.

The forms can be Emailed, Faxed or Mailed:

1. EMAIL [YBDS@YBDSNewHaven.org](mailto:YBDS@YBDSNewHaven.org)
2. FAX: 203-773-9237
3. MAIL: YBDS - PO Box 26005 - West Haven, CT 06516

Please note that applications are taken on a first come basis, please have all the required information in as soon as possible so your son is guaranteed a spot if accepted. Those students who have been accepted will be able to continue the registration process.

Feel free to contact Mrs. Malka at our office - (203) 776-9237 ext 200 or [YBDS@YBDSNewHaven.org](mailto:YBDS@YBDSNewHaven.org) for any additional help or information.

YBDS Administration

# YESHIVAS BEIS DOVID SHLOMO ♦ ישיבת בית דוד שלמה

Phone: (203) 776-9237

Fax: (203) 773-9237

P.O. Box 26005 - West Haven, CT 06516 \* Email: ybds@ybdsNewHaven.org

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## REGISTRATION FORM

**STUDENT INFORMATION:**

HEBREW NAME		LEGAL NAME		NICK NAME	LAST NAME
BIRTHDAY (MM/DD/YYYY)	HEBREW BIRTHDAY	AGE	GRADE ENTERING	SOCIAL SECURITY NO.	
ALLERGIES			DAILY MEDICATION		

**PARENT INFORMATION:**

**FATHER'S INFORMATION**

LEGAL NAME		HEBREW NAME	
EMAIL ADDRESS			
ADDRESS			
CITY	STATE	ZIP	
CELL PHONE NUMBER	HOME PHONE NUMBER		
FAX NUMBER	SOCIAL SECURITY NO.		
WORK NAME / OCCUPATION		WORK PHONE NUMBER	
FATHER'S HEBREW EDUCATION			

**MOTHER'S INFORMATION**

LEGAL NAME		HEBREW NAME	
EMAIL ADDRESS			
ADDRESS (IF DIFFERENT)			
CITY	STATE	ZIP	
CELL PHONE NUMBER	HOME PHONE NUMBER		
MAIDEN NAME	SOCIAL SECURITY NO.		
WORK NAME / OCCUPATION		WORK PHONE NUMBER	
MOTHER'S HEBREW EDUCATION			

MARITAL STATUS:

MARRIED  DIVORCED  SEPARATED  WIDOWED

STUDENT RESIDES WITH:

BOTH PARENTS  FATHER  MOTHER

**LIST OF SCHOOLS ATTENDED THE LAST 2 YEARS**

NAME OF CURRENT SCHOOL		GRADE	PRIMARY TEACHER
PRINCIPAL		PHONE NUMBER	
NAME OF PREVIOUS SCHOOL ATTENDED		GRADE	PRIMARY TEACHER
PRINCIPAL		PHONE NUMBER	

**LIST OF SUMMER PROGRAMS ATTENDED THE LAST 2 YEARS**

NAME OF CAMP	YEAR	COUNSELOR	LEARNING TEACHER
NAME OF CAMP	YEAR	COUNSELOR	LEARNING TEACHER

Please describe any issues that your son may have, e.g. social, emotional, scholastic etc.

Please Note: It is in the student's best interest that there is full disclosure regarding any issues pertaining to the student's well being. YBDS cannot be held responsible for any problems that occur due to information that was withheld. Clear communication is vital to a student's success in Yeshiva.

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**Mesivta - 5779/2018-2019****TUITION CONTRACT – NEW STUDENTS**Admission to Beis Dovid Shlomo is subject to the following conditions:

- |  |  |
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| <p>1) Acceptance by principal.</p> <p>2) Abiding with Yeshiva regulations.</p> <p>3) YBDS may require the withdrawal of a student at any time, for any reason it deems necessary.</p> <p>4) Tuition payments must be made as agreed upon and on a timely basis.</p> <p>5) Providing YBDS with the necessary information and documentation to enable the Yeshiva to obtain scholarship funds where applicable.</p> <p>6) Authorizing my son(s) to participate in all school trips.</p> <p>7) Authorizing YBDS to make all decisions concerning emergency medical treatment.</p> | <p>8) Providing YBDS with the name and policy numbers of my son's medical insurance and/or purchasing additional insurance when necessary.</p> <p>9) Accepting the responsibility for any medical expenses incurred on behalf of my son(s).</p> <p>10) Agreement that any dispute with YBDS, for any reason, will be decided on by hearing and adjudication by a Beis Din in accordance with Jewish law.</p> <p>11) Giving up all rights to have such disputes heard in a civil court trial. Further, I waive the right of appeal from the decision of the Beis Din.</p> |
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Student's Name (1) \_\_\_\_\_ Student's Name (2) \_\_\_\_\_

I, \_\_\_\_\_ **accept all the conditions and terms as indicated above.****Parent Signature** \_\_\_\_\_Tuition: (All fees are in U.S. Dollars)

- Registration Fee: \$250.00 [Due with this agreement] (Non refundable)
- Mesivta and Dormitory: \$15,000.00
- Summer Program: \$2,500.00 (Shiur Alef & Beis Only)
- Transportation Fee (optional): \$450.00 (to/from Crown Heights) (\$50 one way - no guarantee of space)
- Tuition must be paid in full even if a talmid leaves Yeshivas Beis Dovid Shlomo regardless of the reason, before the end of the school year.
- All Credit Card payments are subject to a 3% processing fee.

Please select the method of registration fee payment you prefer to use:

- Check enclosed for \$250.00 per student (application won't be processed until payment is received)
- Charge my Credit Card \$250.00 per student

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Signature \_\_\_\_\_