

APPLICATION FORM - PARENTS

YESHIVAS LUBAVITCH OF MYRTLE BEACH, SC

2803 N. Oak St. * Myrtle Beach, SC 29577 * Tel: 718-974-7297 * Email: YeshivasLubavitchMB@gmail.com

1. General Information:

Complete Name: _____

Date of Birth (MM/DD/YYYY): ____ / ____ / ____ Jewish DOB: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

Tel Number: _____ Fax Number: _____

Email: _____

Father's Occupation: _____ Cell phone #: _____

Mother's Occupation: _____ Cell phone #: _____

2. Academic Information:

Which Yeshiva did he attend? _____ Which Shiur? _____

Name of Rosh Yeshiva: _____ Tel. Number: _____

Name of Mashgiach: _____ Tel. Number: _____

Magid Shiur Gemara: _____ Tel. Number: _____

Magid Shiur Chassidus: _____ Tel. Number: _____

What Gemara was learned? _____ Avg. Test Mark: _____

What was the level of learning? (Gemara, Rashi, Tosfos): _____

What Chassidus was learned? _____ Avg. Test Mark: _____

What Halacha was learned? _____ Avg. Test Mark: _____

How are his Hebrew reading skills? Specify: _____

Does he have any learning difficulties? (Reading, Focusing, Understanding, etc.): _____

Did he change Yeshivos during the year? If yes, Why? _____

3. General Behavior & Chassidische Information:

How is his Shmiras HaSdoram when in Yeshiva? _____

When at home: *Does he go to Minyan?* _____ *What does he learn?* _____

What makes him a Chassidische Bochur? _____

Was he ever suspended or expelled from Yeshiva? If yes, why? _____

Please describe his behavior in school and at home: _____

How often do you (the parents) contact the Hanhala regarding your son? _____

Does he respect authority (parents) at home? _____ In Yeshiva? _____

Does he have a behavioral problem with friends? _____

Does he have a problem respecting authority? _____

Please describe his social skills: _____

What does he do during his free time at home? _____

What does he do during his free time in Yeshiva? _____

Does he participate in Farbrengens? If yes, how often? _____

Is he easily influenced by friends? _____

What are his interests? (Learning, Sports, etc.): _____

Give two (2) references who can be contacted regarding his behavior and Chassidischekeit:

1) Name: _____ Tel Number: _____

2) Name: _____ Tel Number: _____

4. Medical Information:

Is there any medical situation we should be aware of? _____

Does he have to take any medication? _____

If he takes medication: *What medication does he have to take?* _____

How much, and when does he have to take it? _____

Why does he take this medication? _____ *Do we have to enforce it?* _____

Is he allergic to any foods or medications? _____

Could he receive over-the-counter medication when needed? _____

5. Conclusion

1. I, the undersigned, understand that **Yeshivas Lubavitch of Myrtle Beach** is a educational institute of very high standards, and as such, it demands a certain code of conduct, and a certain level of achievement. I understand that if my son fails to keep up to the demands and standards of the Yeshiva, he will be suspended or expelled from **Yeshivas Lubavitch of Myrtle Beach**. Any monies from tuition will be returned based solely on the Hanhala's discretion, depending on various circumstances.
2. I authorize my son to participate in any trips, sports, outings and any other activity **Yeshivas Lubavitch of Myrtle Beach** may arrange during the 2007-8 school year.
3. I authorize **Yeshivas Lubavitch of Myrtle Beach** to administer any over-the-counter medication to my son in case of need.
4. I have read the **STUDENT HANDBOOK** together with my son, and I believe he can follow these rules.
4. I affirm that I filled out the application truthfully to the best of my knowledge.

Signed: _____ Date: ____ / ____ / ____

If you have any questions regarding the Yeshiva please contact:

Rosh Yeshiva: **Rabbi Sholom Ber Shuchat** - Cell: 718-974-7297 / Email: rabbishuchat@gmail.com

Menahel: **Rabbi Doron Aizenman** - Cell: 843-385-2240 / Email: daizenman@hotmail.com

When both parts of the application form are filled out, and the \$50 dollar application fee has been paid online, fax both forms to: 843-626-6403.