BAIS MEDRASH
OF SOUTH MIAMI
GROWTH • WARMTH • SUCCESS

Student Application

Academic Year 5786 - 5787 · 2026–2027

Phone: 786-519-3535 **Location:** 7880 NW 112th St Pinecrest FL, 33156

INSTRUCTIONS- ***Please read carefully.***

1 Payment of $300 application fee is required.

We accept check, credit card, and zelle (office@iamjewish.org) as payment. Please include a note that payment is for the application fee.

2 Applications can be emailed (as an attachment) to office@bmsouthmiami.org

3 A personal interview is required of all applicants. All personal information will be held in strict confidence.

4 All questions must be answered, and application signed and dated to be considered for acceptance.

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1 PERSONAL INFORMATION

First Name | **Middle Name** | **Last Name** | **Name you are called**

First Name in Hebrew | **Last Name in Hebrew** | **Father's Name in Hebrew**

☐ Kohen
☐ Levi
☐ Yisroel

Date of Birth | **Country of Citizenship** (**If NOT US Citizen, an I-20 Student Visa is REQUIRED) | **Place of Birth**

Home Address | **City** | **State** | **Zip** | **Home Phone**

Current Address (If different than above) | **City** | **State** | **Zip**

Student Email | **Student Cell** | **SSN**

List two people to contact in case of an emergency:

Name | **Relationship** | **Phone**

Name | **Relationship** | **Phone**

Family Doctor | **Address** | **Phone**

Number of Siblings | **Ages**

2 PARENT INFORMATION

Father:

Title and Name

Address (If different than above)

☐ Married
☐ Divorced
☐ Deceased

Email

Cell

Occupation

Employer

Business Address & Telephone

Mother:

Title and Name

Address (If different than above)

☐ Married
☐ Divorced
☐ Deceased

Email

Cell

Occupation

Employer

Business Address & Telephone

In case of surrogate parent, please give name, address, relationship of custodian or guardian

3 GRANDPARENT INFORMATION

Paternal Grandparents:

Grandfather

☐ Living
☐ Deceased

Grandmother

☐ Living
☐ Deceased

Address

Phone

Email

Maternal Grandparents:

Grandfather

☐ Living
☐ Deceased

Grandmother

☐ Living
☐ Deceased

Address

Phone

Email

4 SHUL INFORMATION

Shul Name

Rabbi

Phone

Address

5 ADDIITIONAL INFORMATION

1. How did you hear about Bais Medrash of South Miami?

_____

2. Please note any special needs or medical conditions

_____

3. Do you have medical insurance? Yes _____ No____ If yes, please note type.

_____

4. Where will you be living? Dorm _____ Home _____ Rent Room/Apt. _____

5. Meals you will eat in Yeshiva: All _____ Breakfast _____ Lunch _____ Dinner_____

6. Will you be attending College? Yes _____ No____ If yes, please provide the name of the college_____

7. Name Of High School _____ Date of Graduation (Month/Year)_____

8. Name of College _____ Date of Graduation (Month/Year) _____

9.List in Chronological order all schools attended, High School, College, Yeshiva or Bais Medrash in Israel or elsewhere

Name of School, Address, Phone	From (mm/yy)	To (mm/yy)	Diploma

I have carefully reviewed all the information above and certify that all the information provided on this form is accurate, true, and complete to the best of my knowledge. I further certify that I have graduated from high school.

Student Signature_____ Date_____

6 ESSAY

Please write a brief paragraph outlining your goals and reasons for attending Bais Medrash of South Miami

7 REFRENCES

List 3 people, preferably rebbeim and teachers that can serve as character and educational references.

Name	Relationship	Address & Phone

Name	Relationship	Address & Phone

Name	Relationship	Address & Phone

8 TUITION CHARGES

Application Fee
Registration
Tuition
Dorm/Meals
Meals for Non-Dorm Students

Please specify below how you are planning to meet your financial obligations to the Yeshiva:

Parents: ☐ Personal: ☐ Other: ☐ Scholarship*: ☐

*Please contact the Bais Medrash of South Miami office for a scholarship application

Signature of Parent/Guardian: _____ **Date:** _____