



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.

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 ADDITIONAL 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 REFERENCES

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

**** If you require an I-20 student visa, there is a \$500 fee payable to Bais Medrash of South Miami in addition to all other visa charges**

Withdrawals -

The business office (telling a Rabbi is insufficient notice) must be notified of a student's withdrawal 30 days prior to his leaving. Failure to do so will result in continuation of all charges for 30 days after receipt of such notification. If a student is asked to leave, he will incur all charges for 30 days after his dismissal.

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

I certify that if a scholarship is not requested with this application, and tuition is not settled completely, I accept full responsibility for payment of full tuition.

Signature of Parent/Guardian: _____ Date: _____