

APPLICATION

מכללה ירושלים

**MICHLALAH
JERUSALEM COLLEGE**U.S. OFFICE: FRIENDS OF MICHLALAH ■ 9 SUTTON ROAD, MONSEY, N.Y 10952
PHONE: 845.356.0664 ■ FAX: 845.356.0787 ■ EMAIL: MICHLALAHUSA@AOL.COM**INFORMATION FORM**

FAMILY NAME

FIRST NAME

MIDDLE NAME

PREFERRED NAME (TO BE CALLED)

NAME (AS IT APPEARS ON PASSPORT)

PASSPORT NO.

HOME ADDRESS (STREET / CITY / STATE / ZIP / COUNTRY)

PHONE

CELL

FAX

DATE OF BIRTH

MONTH/DAY/YEAR
____/____/____

SOCIAL SECURITY NO.

E-MAIL

HIGH SCHOOL ATTENDED

CAMPS ATTENDED (LAST 4 YEARS)

SYNAGOGUE ATTENDING

ADDRESS OF SYNAGOGUE

NAME OF RABBI

WORK EXPERIENCE

PREVIOUS VISITS TO ISRAEL; DATES AND REASON FOR VISIT (I.E., PROGRAM / CAMP / OTHER)

FATHER'S NAME (INCLUDE TITLE IF ANY)

ADDRESS (OMIT IF SAME AS ABOVE)

PHONE (HOME)

PROFESSION / OCCUPATION

FIRM / ORGANIZATION

POSITION

BUSINESS ADDRESS

PHONE

CELL

MOTHER'S NAME (INCLUDE TITLE IF ANY)

ADDRESS (OMIT IF SAME AS ABOVE)

PHONE (HOME)

PROFESSION / OCCUPATION

FIRM / ORGANIZATION

POSITION

BUSINESS ADDRESS

PHONE

CELL



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FAMILY NAME

FIRST NAME

MIDDLE NAME

שם פרטי

שם המשפחה

שם האם

שם האב

HOME ADDRESS (STREET / CITY / STATE / ZIP / COUNTRY)

TELEPHONE

CELL

EMAIL

SOCIAL SECURITY NO.

PASSPORT NO.

NAME (AS IT APPEARS ON PASSPORT)

DATE OF BIRTH

תאריך לידה

COUNTRY OF BIRTH

CITIZENSHIP

ELEMENTARY EDUCATION

ADDRESS

YEARS

MONTH / YEAR	-	MONTH / YEAR
____/____	-	____/____

MONTH / YEAR	-	MONTH / YEAR
____/____	-	____/____

SECONDARY EDUCATION

ADDRESS

YEARS

MONTH / YEAR	-	MONTH / YEAR
____/____	-	____/____

MONTH / YEAR	-	MONTH / YEAR
____/____	-	____/____

COLLEGE / UNIVERSITY

ADDRESS

YEARS

MONTH / YEAR	-	MONTH / YEAR
____/____	-	____/____

SPECIAL INTERESTS OR HOBBIES



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FATHER'S INFORMATION

FAMILY NAME

FIRST NAME

MIDDLE NAME

HOME ADDRESS (STREET / CITY / STATE / ZIP / COUNTRY)

TELEPHONE

CELL

FAX

EMAIL

DATE OF BIRTH

COUNTRY OF BIRTH

SCHOOL / YESHIVA EDUCATION

YEARS

DEGREE

UNIVERSITY EDUCATION

YEARS

DEGREE

PROFESSION / OCCUPATION

FIRM / ORGANIZATION

POSITION

TITLE

BUSINESS ADDRESS

CITY / STATE / ZIP

TELEPHONE

FAX



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FAMILY NAME

FIRST / MIDDLE NAME

MAIDEN NAME

HOME ADDRESS (STREET / CITY / STATE / ZIP / COUNTRY)

TELEPHONE

CELL

FAX

EMAIL

DATE OF BIRTH

COUNTRY OF BIRTH

SCHOOL / YESHIVA EDUCATION

YEARS

DEGREE

UNIVERSITY EDUCATION

YEARS

DEGREE

PROFESSION / OCCUPATION

FIRM / ORGANIZATION

POSITION

TITLE

BUSINESS ADDRESS

CITY / STATE / ZIP

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SIBLINGS' INFORMATION

FULL NAME **AGE** **SCHOOL (ATTENDING/H.S. ATTENDED)** **GRADE** **OCCUPATION**

FULL NAME	AGE	SCHOOL (ATTENDING/H.S. ATTENDED)	GRADE	OCCUPATION

Please complete the following form if any members of your immediate or extended family (e.g. cousins) ever attended Michlalah.

FULL NAME **RELATIONSHIP** **ACADEMIC YEARS ATTENDED (I.E. 1996)**

FULL NAME	RELATIONSHIP	ACADEMIC YEARS ATTENDED (I.E. 1996)



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STUDENT'S NAME: _____

SCHOOL: _____ GRADE: _____

	BELOW AVG.	AVERAGE	GOOD	V. GOOD	EXCELLENT TOP 15%
זהירות והקפדה בשמירת מצוות	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts personal responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chesed and community involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency of performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical and questioning attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Derech Eretz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in religious growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modesty in attire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoingness and friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pursuit of independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to setback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious growth potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded by faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warmth of personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

SIGNED BY: (PLEASE PRINT) _____ POSITION: _____

PHONE: _____ EMAIL: _____



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טופס הערכת בית הספר

טופס זה ימולא על ידי דיקן בית הספר או על ידי המנהל בעברית או באנגלית.

לדיקן או למנהל:

גב' _____ הצידה את מועמדותה כתלמידה במכללה.
נודה לך אם תסייע לנו בהחלטתנו הסופית ע"י מסירת מידע עליה מידע זה יישמר בסודיות מוחלטת.

יכולת המועמדת כתלמידה: _____

מקומה האקדמי בכתה: (מספר התלמידות בכתה ומקומה) _____

בגרות נפשית: _____

מצב הבריאות: (מיגבלות גופניות, בעיות רגשיות, תיאור מצב בריאות כללי) _____

הערות: (אפשר להוסיף מעבר לדף) _____

האם לדעתך המועמדת מתאימה ללמוד במכללה? _____

שם: _____ חתימה: _____

בית הספר: _____ תפקיד: _____

טלפון: _____ EMAIL: _____

כתובת: _____

תאריך: _____



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S T U D E N T / P A R E N T M E D I C A L A F F I R M A T I O N

We, the undersigned, affirm that all the information in the attached medical report is accurate and reflects the true physical and emotional health of the applicant.

We have provided the medical report to the primary physician and included all other relevant information from any other physical or mental health professional that has treated the applicant in the last six years.

NAME OF APPLICANT: (PLEASE PRINT) _____

APPLICANT SIGNATURE: _____

SCHOOL CURRENTLY ATTENDING: _____

PHONE NUMBER: _____

PARENT'S NAME: (PLEASE PRINT) _____

PARENT'S SIGNATURE: _____

PHONE NUMBER: _____

CELL: _____

COMMENTS: _____

Thank you for your cooperation.



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M E D I C A L R E P O R T

To the examining physician: Your health evaluation is an essential part of the application for participation in a year of study in Israel. Please bear in mind that our mountainside campus is at an elevation of 3,000 feet. Also, walking tours, sometimes strenuous, are an integral part of our academic program. The final decision concerning the applicant's eligibility insofar as physical and emotional health are concerned, will be based on this report. Please make a complete examination with the program in mind. Please note: The health insurance company in Israel requires that this Michlalah medical form be filled out in order to issue coverage.

1. NAME OF APPLICANT: _____

2. ADDRESS: _____

3. HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: _____

	Normal	Abnormal		Normal	Abnormal
Eyes			Teeth, Gums		
Ears			Skin		
Nose			Scalp		
Throat			Glands		
Heart			Orthopedic		
Lungs			Posture, Feet		
Abdomen			Nervous System		
Hernia			Thyroid		
Nutrition			Scoliosis		
Other			Other		

4. Past or present illnesses, operations or severe injuries. Please give dates, complications and any residual symptoms:

A. Asthma, allergies, food allergies. Please record causative factors: _____

B. Diabetes Mellitus: _____

c. Eating Disorders: (i.e. anorexia, bulimia) _____

d. Disorders of Menstruation: _____

E. Migraine, severe headaches or dizzy spells: _____

F. Epilepsy, fainting spells: _____

G. Respiratory diseases: (chronic bronchitis, bronchiectasis, sinus disease) _____

H. Other: _____

5. Is applicant receiving any medication? If so, please attach a statement of such medication with dosage and directions for the counselor of the group to keep on file.

6. Please indicate any allergy to medication. (i.e. Penicillin, etc.)

7. Please give date of last tetanus injection. _____

8. Bearing in mind the various conditions imposed by an intensive foreign study program, (lengthy absence from home, adjustment to a foreign culture, changed living conditions, new social contacts) please give us your evaluation of the applicant's emotional stability.

9. To your knowledge, has the applicant been treated by a psychiatrist or psychologist?

No

Yes. Please elaborate on a separate sheet of paper indicating the condition, medication and suggestions for participation in the overseas program.

10. I have examined the above-named applicant and,

I consider her physically & emotionally qualified to participate in the year of study in Israel.

I do not consider her physically and emotionally qualified to participate in the year of study in Israel.

11. Comments: _____

NAME OF PHYSICIAN (PLEASE TYPE OR PRINT) _____

SIGNATURE _____ DATE _____

ADDRESS _____

PHONE _____ FAX _____



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I M M U N I Z A T I O N R E C O R D

The following immunizations are required:

4 DPT, 4 OPV and 2 MMR.

(Hepatitis immunization recommended.)

NAME: _____

PHONE: _____

BIRTH DATE: _____

SCHOOL: _____

	DATE	DATE	DATE	DATE	DATE
DPT					
OPV					
MMR					
HBPV					
Tuberculin					
DT					
Other					

