דרכי בינה החדש
Darchei Binah HaChadash

Darchei Binah HaChadash
22 Nezer David Street, POB 16432, Jerusalem, Israel 91164
•Tel: 718 252 6017 • Email: sf@infodbi.com

APPLICATION FOR ADMISSION

Completed application should be sent to the following address:
Darchei Binah HaChadash
1904 Avenue J Brooklyn, NY 11230-4201

Application Deadline: December 21, 2026 | י״א כסלו תשפ״ח

PLEASE FOLLOW THE INSTRUCTIONS BELOW BEFORE SUBMITTING YOUR APPLICATION:

1 **Personal Statement**
The committee of admissions seeks to gain an understanding of you as an individual. On a separate sheet of paper, please write any information you think would be helpful to us in considering your application. Include the reasons for your interest in Darchei Binah HaChadash and what you hope to gain throughout the year. Your statement will be kept in strict confidence.

2 **References**
Please obtain a recommendation from the principal of your school or Limidei Kodesh department using the enclosed reference form.

3 **Tuition**
Tuition fee for the academic year 2027 - 2028 will be US$34,000. It includes registration, tuition, library fees, field trips, all meals on school days, and Shabbos programming.

4 In order to insure that your application is processed without delay, the following items must be submitted together to our Brooklyn office:

1. Your completed application form.
2. Two recent passport-size photographs - application WILL NOT be processed without photographs. Your photograph should be a **headshot only of you** with a collar
1. Your personal statement.
2. US$150. (nonrefundable) check or money order drawn on a US bank for the application fee.

5 Upon receipt of the above 4 items, you will be contacted to arrange for a personal interview.

6 In addition, the following items must be sent to our Brooklyn office without delay:

1. High school transcript.
2. One completed Darchei Binah HaChadash reference form.

דרכי בינה החדש
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Photograph

Passport Photo Requirement

Please affix two current passport-size photographs (2 x 2 inches), taken within the last six months. The photo must be a **headshot** with no one else in the picture. Applications without photos will not be processed.

APPLICANT INFORMATION:

Name: First: Last: Hebrew:

Hebrew Date of Birth: Date of Birth: D D M M Y Y Y Y

Home Address, City, State, Zip, Country:

Telephone: Home: ( ) - Mobile: ( ) -

Email: Citizenship: Place of Birth:

School Presently Attending: Grade:

FATHER INFORMATION:

Father's Name: First: Hebrew:

Place of Birth: Date of Birth: D D M M Y Y Y Y

Home Address, City, State, Zip, Country:

Email: Phone Number: ( ) -

Occupation: Employer:

Education (High School, Yeshiva, etc):

Business Address & Day Tel: ( ) -

MOTHER INFORMATION:

Mother's Name: First: Maiden: Hebrew:

Place of Birth: Date of Birth: D D M M Y Y Y Y

Home Address, City, State, Zip, Country:

Email: Phone Number: ( ) -

Occupation: Employer:

Education (High School, Seminary, etc.):

Business Address & Day Tel: ( ) -

EMERGENCY CONTACT:

Name: First: Last:

Address: Phone Number: ( ) -

דרכי בינה החדש
Darchei Binah HaChadash

PERSONAL INFORMATION

Shul: Rabbi:

Address & Phone Number:

List other major extracurricular activities:

Have you ever had a job during the school year? YES NO

If yes, please describe:

Describe your summer activities during the past 3 summers :

Number of Siblings: Ages:

EDUCATION

What are your plans the year after seminary?

List any academic or service awards or scholarships you have received:

Do you have any learning disabilities or physical handicaps which might require special attention? YES NO

If yes, please describe:

List all other schools to which you have applied or intend to apply for the coming year:

High School Averages: Hebrew: Secular Studies:

Previous Education : (Elementary, High School)

School	Dates Attended

MEDICAL INFORMATION

All information MUST be completed and signed

Failure to complete this section truthfully is grounds for expulsion from Darchei Binah HaChadash

History:

Do you have a history involving any of the following:

Cardiac/ Pulmonary	YES	NO	Orthopedic	YES	NO
Gastro/ Intestinal	YES	NO	Genito/ Urinary	YES	NO
Neurological	YES	NO	Endocrinological	YES	NO
Eating Disorders	YES	NO	Psychiatric	YES	NO

If YES to any of the above, please give particulars: dates, complications and any residual symptoms:

Allergies:

Is there a history of allergy to any medication or food substance YES NO

If yes, please give particulars:

Medication:

Are you presently on any medication? YES NO

If yes, please attach statement of dosage and directions for the school to have on file

TO THE BEST OF MY KNOWLEDGE THE ABOVE MEDICAL INFORMATION IS TRUE AND CORRECT

SIGNATURE OF APPLICANT DATE

SIGNATURE OF PHYSICIAN DATE

PASSPORT AND ISRAEL INFORMATION

Passport No. Legal Name on Passport:

Date of Issue: Expiration: Country:

Social Security No.

Previous visits to Israel (including dates):

Have you or your parents ever held Israeli Citizenship, or lived in Israel as a "Temporary Resident" or "Olah Chadasha" ? YES NO If yes, please describe:

Teudat Zehut/ Israel ID Number:

Family In Israel:
Name:
Address:
Phone Number
Relation:

Family In Israel:
Name:
Address:
Phone Number
Relation:

דרכי בינה החדש
Darchei Binah HaChadash

Reference Form

APPLICANTS NAME _____ PHONE NUMBER _____

HOME ADDRESS _____ SCHOOL PRESENTLY ATTENDING _____

To the Applicant:

Fill in the above information. Give a stamped envelope addressed to Darchei Binah HaChadash 1904 Avenue J Brooklyn, NY 11230 together with this form to the individual whose recommendation you are seeking.

To the Respondent:

The Committee on Admissions finds candid evaluations helpful in choosing from among many highly qualified candidates. We are interested in the applicant's middos, commitment to Torah values, and her overall qualifications for spending a year of development in Eretz Yisroel.

Confidentiality:

Materials submitted in support of applications for admissions are used by those members of the Admissions Committee charged with the responsibility for the admissions procedure. Each individual given access to the materials is instructed to maintain strict confidentiality. Darchei Binah HaChadash does not provide access to admissions records to anyone, including applicants who have been rejected or to those who decline admission.

Ratings:

Please rate the applicant on the basis of 1 to 10 (10 being the highest) in the following areas:

Area of Evaluation	Rating 1-10	Comments
Desire for Growth		
Ability to get along with peers		
Responsiveness to constructive criticism		
Responsiveness to authoritative figure		
Maturity		
Intellectual Ability		
Academic Achievements		
Disciplined work habits		
Attendance		

Evaluation:

1. Personal Characteristics

2. Academic Characteristics

Background Information:

For how long have you known the applicant?

Please note any capacity in which you have known the applicant outside the classroom (teacher, mechaneches or princapal)

Please return this form to our office in the envelope provided by the applicant

Name:

Address:

Email:

Phone Number: ( ) -

Institution:

Title:

SIGNATURE

DATE