



ROSH MESIVTA  
RABBI YOSEF MUNITZ

MENACHEL  
RABBI MENDEL MUNITZ

TUITION COMMITTEE  
MRS. D. MUNITZ

BOARD OF DIRECTORS  
AARON MEIR GELLMAN  
RABBI H. GREENBERG  
RABBI S. SCHANOWITZ  
RABBI A.M. SHUMAN

Adar Sheni 5771

Dear Parents,

Thank you for inquiring about Mesivta Menachem. Our program features a warm chassidische environment with an experienced faculty dedicated to creating the best possible learning experience. We are now accepting Bochorim ages 14-17 for the upcoming 2011/2012 academic school year.

Learning is under the capable direction of Rabbi Yosef Yitzchok Munitz (40 years in chinuch) and his son, Rabbi Mendel Munitz. All classes are small, allowing for close supervision of every student, and assuring growth to the maximum potential.

The Mesivta is committed to "raising the bar". This new initiative includes a higher acceptance criteria for bochorim applying to yeshiva and a stronger focus on chassidische hanachos and hiskashrus. We have also expanded and restructured our current curriculum and penciled in farbrengens with renowned mashpiim and roshei yeshivos.

The Mesivta is located in suburban Amherst, NY, north of Buffalo, and twenty minutes from Niagara Falls. The Mesivta's home is in a beautiful, safe neighborhood. Parks and other recreational areas are situated conveniently nearby.

Enclosed is an initial application form for the 2011/2012 school year, and/or a questionnaire. Please complete and mail to the Mesivta:

60 Chestnut Hill Lane North  
Williamsville, NY 14221

You are cordially invited to meet personally with Rabbi Munitz on July 6th - Daled Tammuz between 7 and 10pm at the Beis Medrash (580 Crown Street). This will be an opportunity for your son to be farhered by hanhala and to get a better appreciation of what Mesivta Menachem is all about. *Please note this conference is for fathers and sons only.*

A \$100 deposit (*non-refundable*), must accompany each student's application.

Wishing you all the best, and blessings for Moshiach Now!

Mesivta Menachem Admission Committee

Fax all signed forms to 716-402-1934

If you have any questions or further inquiries, please call Rabbi Mendel Munitz at: 716-689-8591 or email: [mmmunitz@hotmail.com](mailto:mmmunitz@hotmail.com)

# Student Enrollment Form



To register, fill out all information, indicate relevant discount requests, sign and return/mail with all necessary documentation and registration fee. You will receive an individualized tuition contract upon acceptance.  
PLEASE WRITE CLEARLY

## STUDENT INFORMATION

Last Name:	First:	Middle:
<hr/>		
Hebrew Date of Birth:	Date of Birth: m	d y
<hr/>		
Grade completed as of June of this year:	School:	School Phone:
<hr/>		

## SCHOOLING INFORMATION

List all schools attended in the past 2 years and principal/teacher references.

School:	Grades Completed:	School Phone:	
<hr/>			
Principal:	Home Phone:	Rebbe/Teacher:	Home Phone:
<hr/>			
School:	Grades Completed:	School Phone:	
<hr/>			
Principal:	Home Phone:	Rebbe/Teacher:	Home Phone:
<hr/>			
School:	Grades Completed:	School Phone:	
<hr/>			
Principal:	Home Phone:	Rebbe/Teacher:	Home Phone:
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## GENERAL INFORMATION

Home Address:		
<hr/>		
City:	State:	Zip:
<hr/>		
Phone:	Fax:	Email:
<hr/>		

## FATHER'S INFORMATION

Father's Last Name:	First:	Title: <input type="checkbox"/> Rabbi <input type="checkbox"/> Dr. <input type="checkbox"/> Mr.
<hr/>		
Place of Business:	Phone:	
<hr/>		
Cell:	Fax:	Email:
<hr/>		
Date of Birth: m	d	y
<hr/>		

## MOTHER'S INFORMATION

Mother's Last Name:	First:	Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
<hr/>		
Place of Business:	Phone:	
<hr/>		
Cell:	Fax:	Email:
<hr/>		
Date of Birth: m	d	y
<hr/>		

## EMERGENCY INFORMATION

Emergency Contact Name:	Relationship to Student:
<hr/>	
Phone:	Beeper/Cell:
<hr/>	
Medical Insurance Company:	Policy Number:
<hr/>	

Please send copy of card  
over please

Tuition Fees: \$10,700 (\$6,000 after all discounts & scholarships. See below) Security Deposit: \$100

## FEES

Room and Board (non-negotiable): \$3,500

Mikvah Fee: \$100

## DISCOUNTS & SCHOLARSHIPS

Check the discount option/s that you are requesting:

Early Bird (Before Aug 19)

Up to \$2,000 Financial assistance

Shluchim Discount

\$700 YY&C scholarship for low-income families

**Early Bird Discount:** If you are applying before August 19 you are eligible for a \$1,000 tuition discount. To qualify, all checks in the proper amounts, signed and dated correctly must be post marked before the deadline indicated on the coupon enclosed in your individualized tuition contract.. (The coupon will be sent together with your tuition contract if you are eligible)

**Shluchim Discount:** Shluchim and those involved in Chinuch are eligible for a \$1,000 tuition discount. Please briefly describe your shlichus work: \_\_\_\_\_

**Financial Assistance:** Up to \$2,000 in tuition discounts for applicants requesting additional financial assistance. Please include a copy of your w2 tax forms and a reference phone number/or letter with your application for the tuition committee to get a better understanding of your situation. Briefly describe why you feel you should be awarded this extra assistance and indicate the exact amount (up to \$2,000) that you will be requesting: (Attach another sheet if you need more room) \_\_\_\_\_

**Yaakov Yehuda & Chaya Scholarship:** A \$700 scholarship discount courtesy of the Yaakov Yehuda and Chaya Scholarship Fund for low-income families. This scholarship is extended with the understanding that you will participate in the annual YY&C Scholarship fundraiser. It is also contingent on your son's good behavior and compliance with Yeshiva rules throughout the year.

## TERMS OF ENROLLMENT

No student shall be excluded from admission, on grounds of race, color, or national origin. Parent or guardian must submit a completed student application along with a \$100 registration fee. Upon receipt of deposit and fee, an interview will be set up, space will be held for the student named in the application, and the deposit will be credited toward the student's tuition costs. A personal interview is required before the student is accepted, however, the Mesivta may waive the need for an interview. The Registration fee is non-refundable. To qualify for the EARLY BIRD DISCOUNT, all checks in the proper amounts, and dated correctly must be received by the Mesivta office within 14 days of acceptance. Mesivta Menachem reserves the right to refuse any application for any reason (other than race, color, or national origin), in which case the deposit will be immediately refunded. We regret that due to the tremendous budget and operational expenses no checks will be accepted post-dated past the first of each month, except for the check due in August. Additionally, checks not received by September 1 may result in forfeiting of the child's space in the Mesivta and/or any discounts, which have been applied. Once fees have been paid, a full refund is available only if Mesivta Menachem is notified in writing on or before September 1. AFTER SEPTEMBER 1, NONE OF THE FEES ARE REFUNDABLE. Refunds are available for students who can not attend the majority of the school year for reasons of illness with a signed note from a licensed physician. Students dismissed by the Rosh Mesivta for disciplinary reasons will not be refunded. A \$100 fee will be charged for any check returned by the bank for any reason. In case of medical emergency, Mesivta Menachem will make every attempt to contact parent, guardian, and emergency contact named above. Should Mesivta Menachem be unable to reach these contacts at the numbers listed above, parent or guardian hereby authorizes Mesivta Menachem to obtain medical treatment for the student named on the form above. All physician, prescription or hospital charges are the responsibility of the parents. Permission is also hereby given to Mesivta Menachem to take the student named above on all school outings and trips, including the annual ski trip. Before any student attends Mesivta Menachem, it is the parents' responsibility to obtain, read, understand and comply with the rules, regulations, and information found in the Mesivta Menachem Parents' Handbook available by calling 716-689-9150 or by visiting [www.MesivtaMenachem.com](http://www.MesivtaMenachem.com). Students who attend Mesivta Menachem may be photographed and Mesivta Menachem may use said photos for publicity purposes both in print and other media. Submitting an application with payment, whether or not the application is signed, constitutes full acceptance of the terms and conditions listed herein.

## APPLICATION CHECKLIST

Student pre-interview

Discount documentation

Student health form

\$100 Registration Fee

Indicated relevant discounts

ALL PARENTS MUST COMPLETE, SIGN. No application will be considered without registration fee.

Sign Here 

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## MAILING ADDRESS

Please send application and deposit to:  
MESIVTA MENACHEM  
c/o Mrs. D. Munitz  
60 Chestnut Hill Lane North  
Williamsville, NY 14221

For more information please call or write:  
Financial: Devorah Munitz (716) 568-0121  
Fax: (716) 402-1934  
Email: [mmmunitz@hotmail.com](mailto:mmmunitz@hotmail.com)

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Deposit Enclosed  Medical  Emergency  Scholarship  Pre-Interview  Interview

Accepted

Shiur: \_\_\_\_\_

Comments: \_\_\_\_\_

# Student Health Form



To register, fill out all information, sign and return/mail with the Student Enrollment Application.  
PLEASE WRITE CLEARLY (To be completed by parent/guardian)

## STUDENT INFORMATION

Name:	Sex: MALE	Age:	Date of Birth: m d y
Street Address:	City:	State:	Zip:
In emergency, G-d forbid, notify:	Relationship:		
Address:	Home Phone:		
Work:	Cell:	Beeper:	

## GENERAL HEALTH RECORD

Height:	Weight:	Date of Exam:
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Identify any known medical or emotional illness or disorder that would currently pose a risk to other students or which currently affects your son's functional ability to participate safely:

**Medical information pertinent to routine care and emergencies:**

Is your son taking prescription medication for an illness/condition?  YES  NO

**If YES Please fill out the Authorization to Administer Medication form**

Does your son have allergies?  YES  NO Explain:

Is your son on a special diet?  YES  NO Explain:

Is your son current or in progress with immunizations according to the schedule adopted by the Commissioner of Public Health?  YES  NO

Does your son wet the bed?  YES  NO

The above named person is in satisfactory condition and may engage in all school activities except as noted:

## INSURANCE INFORMATION

Medical Insurance Company:	Policy Number:
Name of Policy Holder:	

**Please send copy of card**

## MEDICAL AFFIRMATION

Signature of M.D., APRN, LPN or PA or Parent:

Date: m d y	State Licensed in:	Lic. #
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Address:

## AUTHORIZATION

**PARENT OR GUARDIAN AUTHORIZATION (REQUIRED FOR ALL PERSONS UNDER 18)**  
This health history is correct so far as I know, and the person named above has permission to participate in all school activities except as noted by the examining physician or me. If I can not be reached in an emergency, I hereby give permission to the physician selected by the school principal or his designated authorized person to hospitalize, secure proper treatment for and order injection, anesthesia for surgery for the person named above.

Parent or Guardians Signature

Date: m d y
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# Medical Authorization Form



If needed, fill out all information, sign and return/mail with the Student Health Form.  
PLEASE WRITE CLEARLY (To be completed by parent/guardian)

## STUDENT INFORMATION

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_  
Food/Drug Allergies: \_\_\_\_\_  
Diagnosis (at parents discretion): \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

## DOCTOR INFORMATION

Name of Licensed Prescriber: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

## MEDICATION INFORMATION

Name of Medication: \_\_\_\_\_ Dose given at school: \_\_\_\_\_  
Route of Administration: (oral, etc.) \_\_\_\_\_ Frequency: \_\_\_\_\_  
Date Ordered: *m d y* \_\_\_\_\_ Duration of Order: \_\_\_\_\_ Quantity Received: \_\_\_\_\_  
Expiration date of Medications Received: *m d y* \_\_\_\_\_ Special Storage Requirements: \_\_\_\_\_  
Specific Directions: Take on empty/full stomach with water etc.): \_\_\_\_\_  
Specific Precautions: \_\_\_\_\_  
Possible Side Effects/Adverse Reactions: \_\_\_\_\_  
Other medications (at parents' discretion): \_\_\_\_\_  
Location where medication administration will occur: \_\_\_\_\_

## AUTHORIZATION

I hereby authorize Mesivta Menachem to administer, to my child, \_\_\_\_\_ the medication(s) listed above

☞ Parent or Guardians Signature \_\_\_\_\_

Date: *m d y* \_\_\_\_\_

