

March 22, 2017

To:
Tel:
Email:

Dear ,

We are happy to inform you of your acceptance to the Derech Institute for the academic year 2017-2018. We are very excited about the opportunities and possibilities that next year will bring.

To assure your place in the program, we require a non-refundable deposit of \$1500. (one thousand five hundred U.S. Dollars) Please mail your deposit along with the enclosed registration form and post-dated tuition checks by March 20th 2017. The checks payable to "Derech" together with the registration and medical forms should be sent to:

Rabbi Yitzchak Friedman
DERECH
PO Box 300462
Brooklyn NY
11230
USA
Tel: (917) 687-6319

To ensure proper healthcare during your year abroad, we require all students to be insured with the insurance agent/company that we use. Please note, the medical insurance is from an outside provider **and is not included in the tuition.**

We look forward to sharing an exciting and rewarding experience with you next year.

I have included the forms we need filled in and scanned back to us at Derech@ohr.edu

Sincerely yours,

M Lazerus

Rabbi Moshe Lazerus

N Brickman

Rabbi Nachy Brickman

DERECH INSTITUTE **TUITION INFORMATION 2017-2018**

Tuition for the school year is US\$ 22 500 not including medical insurance. If the yeshiva (in conjunction with the parents,) feels there is a need for private tutoring, there will be an additional fee of approximately \$1000 .

- A \$1500 non-refundable deposit.
- The balance of \$21 000 should be paid in post- dated as follows:
 1. \$6,300 dated July 1st, 2017
 2. \$6,500 dated September 15th, 2017
 3. \$5,200 dated January 1st, 2018
 4. \$3 000 dated March 15th, 2018

If you receive a MASA grant your last payment will be adjusted accordingly.

Any arrangements which the student makes in regard to American government loans, grants or scholarships, are the responsibility of the student. This includes any monies which are to be processed through all affiliated college programs. Any monies the student might overpay will be refunded.

Any questions regarding tuition payments should be addressed to Rabbi Yakov Meyers at our Jerusalem office. Rabbi Meyer's email address is rymeyers@ohr.edu Under no circumstances will a student who has not completed the above arrangements be accepted into Derech Institute. Derech will not provide transcripts for the student until full payment for the year has been made.

Students are able to simultaneously apply to Derech and 1) Yeshiva University; 2) Touro College According to eligibility the student may receive college loans or grants through these institutions.

Derech is a MASA approved program. As of now, MASA are in the midst of some changes and we are waiting for notification as to the process and the amounts.

DERECH INSTITUTE
REGISTRATION FORM

Name: _____

We wish to confirm our son's decision to attend Derech Institute for the 2017-2018 academic year. (I am enclosing a non-refundable \$1500 fee, which will be credited towards his tuition.)

We understand that his acceptance is based upon the assumption that he will comply with all the rules of Derech Institute.

Having read the tuition schedule for the 2017-2018 school year, we declare that we will be responsible for full payment of the program unless a prior agreement has been reached.

We further understand that should our son leave early, we will be accountable for the full amount of the year's tuition, unless otherwise arranged mutually by the school and ourselves.

Derech, its agents and employees shall not be liable in any manner or degree for loss or damage to applicant's personal property sustained by any reason. It is understood that Derech Institute shall in no way be deemed responsible for the operation or management of any means of transportation, public or private, or facilities used or enjoyed by Derech unless directly owned by it.

If, in the opinion of a duly licensed physician, the applicant shall require emergency medical, dental, or surgical treatment which requires the prior consent of the undersigned, the undersigned hereby authorize, appoint, and empower Derech to act as agent of the undersigned and to give such consent, and the undersigned hereby release and agree to indemnify and hold harmless the school from any and all liability in any manner arising out of the giving of such consent.

Father's signature _____

Mother's signature _____

Student's signature _____

Date _____

NOTE: In regard to **the mandatory local health insurance**, please refer to the accompanying sheet "Information on Insurance Plan".

INFORMATION ON MEDICAL INSURANCE PLAN

Medical insurance must be paid for prior to the student's arrival, in order for coverage to start from the date of arrival.

To provide proper medical care, we require every student to subscribe to a comprehensive insurance plan which is currently provided by Harel insurance company. The cost of the plan is US\$376. This is not included in the amount of \$21500 for tuition. We strongly advise the addition of \$75, which offers a choice of private surgeons. The regular plan includes only staff duty doctors for operations.

Should a situation arise where a student is not covered by the "Harel" insurance plan, it is important to note that not all foreign health insurance plans are accepted in Israel by doctors or hospitals. With regard to those which are accepted in Israel there is often a delay in receiving approval which requires a person to provide payment BEFORE he receives treatment and then he will be reimbursed by his local provider

The required insurance plan covers the following:

- Hospitalization & Emergency Room treatment.
- Visits to doctor's office in case of illness - not general check-ups.
- Hospitalization, Emergency Room and doctor's office visits include doctor's fee, medicines, X-rays, laboratory tests and surgery.
- \$300 - dental EMERGENCY care ONLY
- Maximum coverage: \$50,000.
- No deductible costs to the insured.

The above description is only a broad outline of the Harel plan and is not binding either on the insurance company or Derech . The actual terms and conditions of the plan may vary from the above description. While the Yeshiva is able to help arrange the above coverage for our students it has no affiliation with the above plan and takes no responsibility for the plan or any medical expenses or treatment to the students..

The above plans are not in place of your American health insurance coverage; rather they are in addition to your American coverage, which should be continued while your son is in Israel

The plan does not cover chronic illness or pre-existing conditions, hernia operations, self inflicted injuries or damage though personal negligence.

No medical insurance in Israel covers motor vehicle accidents which are covered by the compulsory no fault insurance of the car owner.



INSTITUTE FOR TORAH STUDIES

ד"ר

22 Shimon Hatzadik Street, Maalot Daphna, POB 18103, Jerusalem 91180, Israel
Tel: 02-581-0315 • Fax: 972-2-581-2890 • Email: brickman@ohr.israel.net

MEDICAL FORM

LAST NAME: _____ FIRST NAME: _____ Date of Birth: _____

FULL ADDRESS: _____

PLEASE MAKE A COMPLETE EXAMINATION AND INDICATE YOUR FINDINGS

HEIGHT _____ WEIGHT: _____ OVERWEIGHT? _____ UNDERWEIGHT? _____

ITEM	NORMAL	DEVIATION FROM NORMAL	ITEM	NORMAL	DEVIATION FROM NORMAL
SKIN			ABDOMEN		
EYES			GENITALIA		
EARS			GLANDS		
NOSE			Nervous System inc. psychological & psychiatric problems		
THROAT			SKELETON		
LUNGS			BLOOD PRESSURE		
HEART			URINALYSIS		

Has the applicant had any of the following? If YES, please give the dates. If the applicant CURRENTLY has any of the following, please write YES and give the details in the space provided below, and/or on a separate page.

ASTHMA		FOOD ALLERGY ----- SKIN ALLERGY	-----	HEPATITIS (TYPE)	
BRONCHITIS		DRUG ALLERGY		H.I.V.	
PNEUMONIA		POISON IVY		HERNIA	
SINUS INFECTION		MALIGNANCY		EPILEPSY	
HAY FEVER		NEPHRITIS		CHICKEN POX	
FREQUENT INDIGESTION		FREQUENT COLDS		FREQUENT CONSTIPATION	
POLIO		MEASLES		RHEUMATIC FEVER	
WHOOPING COUGH		GERMAN MEASLES		APPENDICITIS	
MUMPS		IBD		SLEEP WALKING	

If you answered YES to any of the items in this section, please provide details:



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VACCINATIONS (please give dates)

HEPATITIS A: 1st shot: _____ 2nd shot: _____ 3rd shot: _____
HEPATITIS B: 1st shot: _____ 2nd shot: _____ 3rd shot: _____
TETANUS BOOSTER _____ MMR _____ DIPHTHERIA BOOSTER _____
GAMMABLOBULIN _____ OTHER IMMUNIZATIONS _____

Has applicant had surgery, been hospitalized, or seen a specialist in the past five years? If yes, for what?

IMPORTANT: Has the applicant had any psychological counseling or therapy from his primary care physician or any other health care professional: Please give details: _____

Emotional equilibrium, the ability to get along with others and easy group adjustment are all factors important in a program such as this one. Does the applicant have a problem that will endanger the health, welfare or enjoyment of the other group members? _____

Is the applicant receiving any medication? If YES, please indicate type/generic name of medication with dosage and directions, and reason for this need: _____

Recommendations, precautions, or limitations in regard to diet, swimming hiking, etc:

I believe that the above named applicant is able to study in Israel, and to participate in all activities, which include swimming, diving, hiking, and all athletic sports.

Remarks;

I have not willfully or knowingly withheld or misrepresented any pertinent medical information.

Date of examination _____ Signature _____, M.D.

Emergency telephone number: _____ License Number _____

Address: _____ City, State, Zip _____

Liability Waiver

To the best of my knowledge, I am in good physical condition and fully able to participate in the water rafting activities, rappelling, rock climbing and other physical activities that Derech and Ohr Somayach are organizing. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury, drowning or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to myself and to my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in these activities.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE **Derech Inc., Mosdos Ohr Somayach, American Friends of Ohr Somayach, Inc. and Ohr Somayach International, Inc.** ("Releasees") from any and all liability, claims, demands, action and causes of actions whatsoever arising of or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in any physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of New York.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature _____

Print name _____

Date _____

Event _____

Guardian if under 18 _____