

Dear Families,

Thank you for your interest in the Shoresh Hebrew High School. Attached are the registration forms.

Please complete the enclosed forms and return them, either in person or by mail, no later than Friday, August 20, 2010. The forms must be accompanied by one check payable to "Shoresh Hebrew High School" for \$1150.

To be eligible to enter the Shoresh Hebrew High School a student must turn 12 by December 31, 2010 and have entered the 7th grade or higher by September 2010.

Applications received after the August 20, 2010 deadline will be processed on a first-come, first-served basis.

You will be notified as soon as possible about acceptance and class placement. If we cannot offer your student a space in our program, the tuition check will be refunded.

Please note: No student will be turned away for financial reasons. Scholarship funds are available and can be obtained by contacting Joanie Smeltz. All applications will be handled in strict confidence.

If you have any questions, please do not hesitate to contact me at 301 589-3880, extension # 19 or e-mail me at: jsmeltz@ohrkodesh.org

Sincerely,

Joanie Smeltz
Shoresh Administrator

SHORESH HEBREW HIGH SCHOOL
at
OHR KODESH CONGREGATION
APPLICATION FORM 2010-2011
MEDICAL RELEASE

Every Student of the Shores Hebrew High School must have this form on file in order to insure his or her safety during school sponsored programs.

In the event that I cannot be reached in an emergency, I hereby give permission for my child

_____, a student of the Shores Hebrew High School to be treated by a physician or hospital selected by the staff member in charge.

I hereby release the Shores Hebrew High School and Ohr Kodesh Congregation and their employees from any liability in the case of an accident or injury while participating in school-sponsored activities.

Parent's Signature _____ Date _____

Parent's Name (printed) _____

Parent's Complete Address _____

Home phone _____ Business phone _____

Cell phone (F) _____ Cell phone (M) _____

Child's physician's Name, Address and Phone Number:

Insurance Carrier _____ Group/ID Number _____

One or more emergency names and numbers in the event the parent listed above cannot be reached.

Name Relationship to child Phone number

Name Relationship to child Phone number

Previous Jewish Education

Did your son/daughter attend Jewish day school? _____

Name of school attended: _____ No. of years: _____

Did your son/daughter attend Hebrew School? _____

Name of school attended: _____ No. of years: _____

Name of Synagogue: _____

Did your son/daughter have a *Bar/Bat Mitzvah*? _____

_____ led the service

_____ Did the *haftorah*

_____ Presented *d'var torah*

_____ Read *torah*

_____ Other

Please explain _____

Other Jewish Education (for informational purposes only)

How often does your son/daughter attend *Shabbat* services?

_____ more than once a month _____ once a month _____ less than once a month

Has your son/daughter ever attended a Jewish Camp? _____

Name of Camp: _____ No. of years: _____

Does your son/daughter attend any Jewish Youth Groups? _____

Name of Jewish Youth Group(s): _____

Has your son/daughter ever been to Israel? _____ How many times? _____