



SHORESH HEBREW HIGH SCHOOL, Inc.

6125 Montrose Road, Rockville, MD 20852
www.ShoreshHebrewHigh.org 301-828-1219

May 2017
Iyar 5777

Dear Current and Prospective Shoresh Families,

We are excited to plan the next academic year for our Shoresh students, a year filled with scholarship and *hevruta* learning. Attached, please find the 5778 (2017-2018) registration packet. These forms are also available on our website www.ShoreshHebrewHigh.org.

The Shoresh Board of Directors decided not to increase the tuition for the next school year. The tuition for the 5778 school year will remain \$1,500. The tuition includes all textbooks. An additional fee of \$36 is added to the seniors' tuition to cover graduation celebration expenses. No student will be turned away for financial reasons. Scholarship funds are available and can be obtained by contacting Neal Meiselman at 301-828-1219 or ShoreshHebrewHigh@gmail.com. All applications will be handled in strict confidentiality.

Similar to previous years, we would offer the following discounts to Shoresh families:

- Families that register **by July 1st** and make a non-refundable deposit of \$150 will be eligible to pay a discounted tuition rate of \$1,400 (a \$100 savings).
- Shoresh continues its partnership with Jewish overnight camps that serve Washington area families. Students who attend a Jewish overnight camp this summer will receive \$100 off the cost of Shoresh tuition (documentation required).
- We also give a \$100 discount to families that recruit new families to Shoresh.
- Ulpan Ben Yehuda conversational Hebrew at the JCCGW is now open to Shoresh students for only \$100 per semester, a \$300 savings!

Please complete the attached registration forms as soon as possible. This will help us to better plan the new school year. We would like to maintain a class size that supports the best Shoresh experience. Please help us promote Shoresh to your friends so we could continue to flourish.

We wish you a wonderful summer break. Please do not hesitate to contact us with any questions or concerns.

Best Regards,
Neal Meiselman
President, Shoresh Board of Directors
ShoreshHebrewHigh@gmail.com
Like us on Facebook!

SHORESH HEBREW HIGH SCHOOL

REGISTRATION FORM 2017-2018 (5778)

STUDENT INFORMATION

Student's Name: _____
First Middle Last

Date of Birth: _____ Hebrew Name: _____

Secular School: _____ Grade Entering: _____

Student's E-mail address: _____

FAMILY INFORMATION

Mother's Name: _____ Occupation: _____

Address: _____

Phone Number: Home: _____ Cell: _____ Work: _____

* _____ E-mail address: _____

Father's Name: _____ Occupation: _____

Address: _____

Phone Number: Home: _____ Cell: _____ Work: _____

* _____ E-mail address: _____

*Please check to which e-mail address you would like us to send all correspondence.

Student lives with _____ mother _____ father _____ both _____ other

Are you affiliated with a congregation? _____

Congregation name: _____

Sibling name: _____ age: _____

Sibling name: _____ age: _____

Sibling name: _____ age: _____

FOR OFFICE USE
Date Received _____
Check # _____
Check Amount _____
Entered by _____

SHORESH HEBREW HIGH SCHOOL

Student's Name: _____

MEDICAL RELEASE

All students must have this form on file in order to ensure their safety during school time.

1. Allergies, reaction and treatment: _____

2. Medications and dosage: _____

3. Does the student have any health concerns, which we should be aware of?

In the event that I cannot be reached in an emergency, I hereby give permission for my child to be treated by a physician or hospital selected by the staff member in charge. I hereby release Shores Hebrew High School, Inc. and its employees from any liability in the case of an accident or injury while participating in school-sponsored activities.

Physician: Name, Address and Phone Number: _____

Insurance Carrier _____ Group/ID Number _____

People to contact in case of emergency when parents cannot be reached:

Name	Relationship to child	Phone number
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Parent's Name (printed) _____

Parent's Signature _____ Date _____

MEDIA PERMISSION

I give permission to use my child's picture or video without using his/her name (please check):

_____ on the website _____ on facebook _____ on the brochure

_____ I do not give permission to Shoresh to use my child's picture or video.

Parent's signature _____

SHORESH HEBREW HIGH SCHOOL

Student's Name: _____

I would recommend to contact the following prospective family regarding Shoresch:

Parents' name: _____ Child's name: _____

Contact information: _____

FOR NEW STUDENTS ONLY: PREVIOUS JEWISH EDUCATION

Did the student attend a Jewish day school? _____ No. of years: _____

Name of school attended: _____

Did the student attend Hebrew School? _____ No. of years: _____

Name of school attended: _____

Name of Synagogue: _____

Did the student

_____ Have a *Bar/Bat Mitzvah*?

_____ Lead the service?

_____ Read the *Haftarah*?

_____ Present *d'var Torah*?

_____ Read *Torah*?

_____ Other Please explain _____

OTHER JEWISH EDUCATION (for informational purposes only)

How often does the student attend *Shabbat* services?

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

Has the student ever attended a Jewish Camp? _____ No. of years: _____

Name of Camp: _____

Will the student attend a Jewish summer camp in 2015? _____

Does the student attend a Jewish Youth Group? _____

Name of Jewish Youth Group(s): _____

Has the student ever been to Israel? _____ How many times? _____

How did you hear about Shoresch? _____

Whom should we thank? _____