

SHORESH HEBREW HIGH SCHOOL, Inc.

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

> April 2018 Iyar 5778

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 5779 (2018-2019) 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. However, based on the successful pilot in the 2017-2018 year, **Shoresh will be providing dinner for Shoresh students every Sunday night throughout the 2018-2019 school year**. Although Shoresh will continue to subsidize the cost of the meal, we are including a fee of \$150 per student to tuition to defray the cost of dinner. The tuition for the 5779 school year will therefore be \$1,650, inclusive of dinner and 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 June 30**th and make a **non-refundable deposit of \$150** will be eligible to pay a discounted tuition rate of \$1,550 (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 form and mail it, along with your non-refundable deposit, to: Shoresh Hebrew High School, 6125 Montrose Road, Rockville, MD 20852. 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 can 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

2018-2019 (5779)

STUDENT INFORMATION

Student's Name:		
First	Middle	Last
Date of Birth:	Hebrew Name:	
Secular School:		_ Grade Entering:
Student's E-mail address:		
FAMILY INFORMATION		
Parent 1 Name:		Occupation:
Address:		
Phone Number: Home:	Cell:	Work:
* E-mail address:		
Parent 2 Name:		_ Occupation:
Address:		
Phone Number: Home:	Cell:	Work:
* E-mail address:		
*Please check to which e-mail a	address you would like us to s	end all correspondence.
Student lives with Parent 1	Parent 2both	other
Are you affiliated with a congre	gation?	
Congregation name:		
Sibling name:	age:	EOD OFFICE LIGE
Sibling name:	age:	FOR OFFICE USE Date Received Check #
Sibling name:	age:	Check Amount

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 tred	atment:		
3. Does the student have any	health concerns, which we should	be aware of?	
treated by a physician or hos Hebrew High School, Inc. and while participating in school-	reached in an emergency, I hereby pital selected by the staff member id its employees from any liability in the sponsored activities. d Phone Number:	n charge. I hereby release Shoresh ne case of an accident or injury	
Insurance Carrier	Group/ID Nu	Group/ID Number	
People to contact in case of	emergency when parents cannot b	pe reached:	
Name	Relationship to child	Phone number	
Parent's Name (printed)			
Parent's Signature	Date		
MEDIA PERMISSION			
I give permission to use my ch	nild's picture or video without using h	nis/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	e or video.	
Parent's signature			

SHORESH HEBREW HIGH SCHOOL

Student's Name:	
I would recommend to contact the following prospective fo	amily regarding Shoresh:
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 les	ss 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 this summer?	ś
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 Shoresh?	
Whom should we thank?	