

# SHORESH HEBREW HIGH SCHOOL

8300 Meadowbrook Lane  
Chevy Chase, Maryland 20815

Dear Families,

Thank you for your interest in Shores 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 September 2, 2011. The forms must be accompanied by one check payable to "Shores Hebrew High School" for \$1250.

To be eligible to enter Shores Hebrew High School a student must turn 12 by December 31, 2011 and have entered the 7<sup>th</sup> grade or higher by September 2011.

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.

Shores is partnering with Jewish camps serving Washington area families. Any student who attended one of these camps this summer and enrolls in Shores will receive \$100.00 off the cost of Shores tuition if the camp grants a \$100.00 discount off the cost of camp.

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](mailto:jsmeltz@ohrkodesh.org)

Finally, please plan to join us at our Welcome Back Barbecue on September 5, 2011. See the flyer or check the Shores website for details.

Sincerely,

Joanie Smeltz  
Shores Administrator



**SHORESH HEBREW HIGH SCHOOL  
APPLICATION FORM 2011-2012  
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
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## **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 \_\_\_\_\_

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## **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? \_\_\_\_\_