



We are proud to be designated as a USCJ Framework for Excellence School

Community Hebrew School of the North Shore, Inc.

North Shore Hebrew School

An Innovative School for Children Ages 3 – Grade 6

287 Lafayette Street, Salem, MA 01970

Phone: (978) 740-1836

www.northshorehebrewschool.com

Please indicate Temple Affiliation:

- Cong. Ahabat Sholom
- Temple Shalom
- Temple Sinai
- Unaffiliated
- Other: _____

K-6 Hebrew School

Application for 2007 / 2008 – please print clearly:

Student's Name: _____

Has student attended North Shore Hebrew School before? Yes No

Student's primary address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Sex: M F Birth Date: _____

Grade as of Fall 2007: _____ Name of Grade School: _____

Siblings attending NSHS in 2007: _____

Medical Insurance Company: _____ Policy: _____

Parent / Guardian (1st to contact):

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Occupation: _____

Employer: _____

Work Phone: _____

Relation to Student: _____

Parent / Guardian (2nd to contact):

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Occupation: _____

Employer: _____

Work Phone: _____

Relation to Student: _____

Emergency Contact (other than above): _____

Daytime Phone: _____ Cell Phone: _____

Do you give permission for your child to be released to the above named emergency contact? Yes No

Tuition for the K-6 Hebrew School Program:

I am affiliated with: Cong. Ahabat Sholom, Temple Shalom, or Temple Sinai. If you are affiliated with one of these Temples, your tuition is subsidized, and your cost will be \$660 per year; this includes a \$60 resource fee.

I am **NOT** affiliated with one of the above temples. If you are **NOT** affiliated with one of the above Temples, tuition for the 2007 / 08 year is \$660; this includes a \$60 resource fee. Please note that we are extending the unaffiliated "matching tuition" program for the 2007 / 08 year.

A non-refundable check for \$100 must accompany this application. If you register on or before May 16, 2007, the \$60 resource fee will be waived. The North Shore Hebrew School will bill you for the remainder of the K-6 tuition due.

In order to help students in need, we are asking that you consider making a voluntary, **tax deductible** donation to the North Shore Hebrew School in the amount of: \$18 \$36 other: _____ Thank you for your generosity!

_____ has my permission to participate in class and school trips during the 2007 / 08 academic year. I understand that all trips will be adequately supervised, and that transportation will be by parent car pools or school buses. I will receive advance notice of all trips. I understand that the North Shore Hebrew School (NSHS) will do their best to contact me should a medical or other emergency occur. However, should circumstances prevent them from doing so, by signing below I authorize NSHS staff to render and/or obtain medical care as they deem appropriate. I further agree and hold harmless the NSHS from all liability in connection with or related to my child's attendance at NSHS and participation in NSHS activities. I understand that the NSHS expects my child to be covered by medical insurance. I authorize NSHS to use still or video photographs of my child for publicity purposes. The Community Hebrew School of the North Shore, Inc., d/b/a North Shore Hebrew School, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Parent / Guardian Signature: _____ Print Name: _____ Date: _____