



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  
 One Community Road, Marblehead, MA 01945  
 Phone: (781) 631-1860  
 www.northshorehebrewschool.com

Please indicate Temple Affiliation:  
 Cong. Ahabat Sholom  
 Temple Shalom  
 Temple Sinai  
 Unaffiliated  
 Other: \_\_\_\_\_

**K-6 Hebrew School**  
**Application for 2010 / 2011 – 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 2010: \_\_\_\_\_ Name of Grade School: \_\_\_\_\_

Siblings attending NSHS in 2010: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy: \_\_\_\_\_

**Parent / Guardian (1<sup>st</sup> to contact):**

**Parent / Guardian (2<sup>nd</sup> to contact):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

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 \$720 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 2010 / 11 year is \$2,140; this includes a \$60 resource fee. If your family is **NEW** to the NSHS, your first year of tuition will be the affiliated rate of \$720, which includes the \$60 resource fee.

**A non-refundable check for \$100 must accompany this application.** If you register on or before Sept. 12, 2010, 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 2010 / 11 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: \_\_\_\_\_