

HOME SCHOOL CONSENT FORM

I consent to having _____ take the following courses for credit at Hamilton Hebrew High (Ministry of Education BSID number 883788) for the 2010-2011 academic year.

Course Name and Grade: _____

Course Name and Grade: _____

Present School: _____ Grade: _____

Address: _____

Signature of Principal: _____

Principal's Name: _____

Signature of Guidance Counsellor _____

Guidance Counsellor's Name: _____

Please submit with registration form the following:

- Student's Ministry Identification Number _____
- Copy of student transcript

I consent to having MIDRASHA – HAMILTON HEBREW HIGH contact

_____ 's school for the purpose of mutual educational objectives.

Signature of parent (or guardian)

date

It is the student's responsibility to have this form completed in full and submitted to Hamilton Hebrew High in order for credits to be administered. Any student with incomplete forms, forms filled in incorrectly and forms not handed in will not have his/her grades forwarded to his/her home school for credit.

THIS FORM MUST BE SIGNED AND RETURNED TO HAMILTON HEBREW HIGH BY SEPTEMBER 28, 2010 . YOUR HOME SCHOOL PRINCIPAL MAY RESERVE THE RIGHT TO REFUSE CONSENT TO YOUR TAKING THIS COURSE FOR HIGH SCHOOL CREDIT IF YOU PRESENT THIS FORM AFTER SEPTEMBER 21, 2010.

MIDRASHA – HAMILTON HEBREW HIGH
STUDENT INFORMATION FORM

Date: _____

Student's Name: _____

Birth date: _____

Address

Street: _____

City: _____ Postal: _____

Telephone: (____) _____

Parents' daytime contact telephone numbers: _____

Student's Email Address and other internet (skype/facebook user name) contact information:

Parent's Email Address: _____

TO BE COMPLETED BY PARENT(S) OR GUARDIAN(S) ONLY
(When child is under 18, over 18 and living at home, or financially dependent on parent(s):

Mother's/Guardian's name: _____ Phone: _____

Address (if different from child) _____

Business Phone () _____ Occupation: _____

Father's/Guardian's name: _____ Phone: _____

Address (if different from child) _____

Business Phone () _____ Occupation: _____

Names and ages of siblings ; _____

Language(s) spoken at home: _____

Describe any educational assistance your child is receiving or has received in the past:

List any educational, psychological or medical assessments including dates:

Contact name and phone number in case of an emergency: _____

For students over 16 years of age:

I, _____ consent to having my reports/marks transmitted to my parents or guardians.

Signature of student

MIDRASHA – HAMILTON HEBREW HIGH
REGISTRATION FORM

I would like to register for the following courses: (Please check)

_____ LYIAD – Level 1 (Grade 9) Hebrew Academic

_____ HRE13 – Grade 9 Community and Individuality in Judaism

_____ HRE23 – Grade 10 Ethical Dilemmas

_____ LYICU – Level 3 (Grade 11) Hebrew Academic

_____ EMS30 – Grade 11 Media Studies

_____ HFA4M - Grade 12 Food and Nutrition Sciences

_____ HZT4U – Grade 12 Philosophy Questions and Theories

Schedule for Classes:

Monday

3:30 – 5:45pm – Level 3 Hebrew

7:00 – 9:15 pm – Grade 9 Community and Individuality

Tuesday

4:30 – 6:45 pm – Level 1 Hebrew

7:00 – 9:15 pm – Grade 12 Food and Nutrition Sciences

Wednesday

7:00 – 9:15 pm – Grade 10 Ethical Dilemmas, Grade 11 Media Studies, Grade 12
Philosophy

I understand that in order to receive an Ontario Secondary School Credit, I will need to complete 110 hours for each course. HHH students are expected to be on time to all classes, programs and events and to attend all regular weekly scheduled classes. Programs, classes and events scheduled on the school calendar which take place outside of the regularly scheduled weekly classes and are part of the 110 hour requirement to complete the course. Classes begin in September and continue through June.

Name of Student _____

Signature of Student _____

Name of Parent _____

Signature of Parent _____

Date

Tuition Fees

Tuition fees are \$750.00 per course.

I understand that fees for services provided by Hamilton Hebrew High are to be paid directly to Hamilton Hebrew High. Tuition fees may be eligible for charitable tax deductions. Tuition fees will not be reimbursed after the fifth class. Hamilton Hebrew High reserves the right to cancel a class due to insufficient enrolment.

Payment options

Please check the one that applies:

- I have already arranged payment in the early registration
- I wish to have my Master Card or Visa billed for the entire amount
- I am paying by cheque, (cheque must be payable to Hamilton Hebrew High and submitted with this form.)

Student Name:

Credit card number

_____/____

Expiry Date

Signature of Card Holder

Date

<p>FINANCIAL ASSISTANCE AVAILABLE</p> <p><i>For scholarship application forms please call 905.528.0039.</i></p>

Midrasha is a beneficiary agency of the Hamilton Jewish Federation.

MIDRASHA – HAMILTON HEBREW HIGH

POLICIES AND PROCEDURES 2010 - 2011

1. MIDRASHA reserves the right to cancel a class due to insufficient enrolment.
2. Students must pay tuitions and complete registration package by the fourth class in order to be admitted to the fifth and subsequent classes.
3. MIDRASHA has the right to ask a student to leave the program due to disruptive, and inappropriate behaviour.
4. It is the policy of the Hamilton Jewish Federation and MIDRASHA High School Program to support and uphold all of the Ontario Ministry of Education's guidelines, policies, practices, and procedures.
5. Matters of conflict, or grievance between MIDRASHA Hebrew High School Program and parent/student body shall be mediated by the MIDRASHA Steering Committee.
6. Tuition reimbursement policy - Students may try up to 4 classes non-obligatory without payment.

For more information on our policies and procedures please contact our Coordinator Gord Garshowitz (cell) 905-906-6900

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MIDRASHA – HAMILTON HEBREW HIGH

PICTURE RELEASE FORM

Parents or Students over age 16 please sign this release.

I agree to allow Midrasha to use my/ or my son's/ or daughter's pictures/name for promotion purposes. I agree to allow Midrasha or the Hamilton Jewish Federation use my/ my son's/my daughter's picture / name in brochures, newsletters, newspaper articles or in promotional literature.

Signature

Name of Student

Date

MIDRASHA – HAMILTON HEBREW HIGH
AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize:

a) *MIDRASHA – HAMILTON HEBREW HIGH* to obtain information for High School currently in possession of Ontario Student Record.

and

b) *MIDRASHA – HAMILTON HEBREW HIGH* to communicate with current High School for the purpose of credit entry into Ontario Student Record.

Student Name (Print)

Student Signature

A photocopy of this authorization shall be as valid as the original.

Signature of Parent/Guardian

Signature of Witness

Date