

# MIDRASHA – HAMILTON HEBREW HIGH

## CONFIDENTIAL INFORMATION FORM

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
yr. mo. day

Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Describe any medical condition or medication: \_\_\_\_\_

<b>Registration for Course:</b> <input type="checkbox"/> Hebrew 9 <input type="checkbox"/> Hebrew 10 <input type="checkbox"/> Grade 10 Ethical Dilemmas <input type="checkbox"/> Grade 11 Roots & History <input type="checkbox"/> Grade 12 Philosophy
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I understand that fees for services provided by MIDRASHA are to be paid directly to MIDRASHA. Tuition fees may be eligible for charitable tax deductions. Tuition fees will not be reimbursed after the third class. MIDRASHA reserves the right to cancel a class due to insufficient enrolment.

Present School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Principal: \_\_\_\_\_ Guidance Counsellor: \_\_\_\_\_

Please submit with registration form the following:
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- |   |
|---|
| <ul style="list-style-type: none"><li>• Student's Ministry Identification Number _____</li><li>• Copy of student transcript</li></ul> |
|---|

I consent to having MIDRASHA – HAMILTON HEBREW HIGH contact

\_\_\_\_\_’s school for the purpose of mutual educational objectives.

\_\_\_\_\_  
*Signature of parent (or guardian)*

\_\_\_\_\_  
*date*

*(NEXT PAGE...)*

*Midrasha is a beneficiary agency of the Hamilton Jewish Federation.*

**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 \_\_\_\_\_  
(or step-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

## TUITION PAYMENT 2006-07

Please check the appropriate boxes

- |                          |                           |       |
|--------------------------|---------------------------|-------|
| <input type="checkbox"/> | HEBREW GRADE 10           | \$600 |
| <input type="checkbox"/> | HEBREW GRADE 11           | \$600 |
| <input type="checkbox"/> | HEBREW GRADE 12           | \$600 |
| <input type="checkbox"/> | GRADE 10 ETHICAL DILEMMAS | \$600 |
| <input type="checkbox"/> | GRADE 11 ROOTS & HISTORY  | \$600 |
| <input type="checkbox"/> | GRADE 12 PHILOSOPHY       | \$600 |

Total: \_\_\_\_\_

*Early registration by August 10 is \$475 per course.*

### Payment options

Please check the one that applies:

- I wish to have my Master Card or Visa billed for the entire amount
- I am paying by cheque, (cheque must be payable to Midrasha and submitted with this form.)

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

\_\_\_\_\_  
*Credit card number*

\_\_\_\_\_/\_\_\_\_\_  
*Expiry Date*

\_\_\_\_\_  
*Signature of Card Holder*

\_\_\_\_\_  
*Date*

**FINANCIAL ASSISTANCE AVAILABLE**

***For scholarship application forms please call 905.528.0039.***

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# MIDRASHA – HAMILTON HEBREW HIGH

## POLICIES AND PROCEDURES 2006-2007

1. MIDRASHA reserves the right to cancel a class due to insufficient enrolment.
2. Students must pay tuitions and complete registration package by third class in order to be admitted to the fourth and subsequent classes.
3. MIDRASHA has the right to ask a student to leave the program due to disruptive, and inappropriate behaviour. All students and their parents must sign the Code of Conduct. The Code of Conduct will be adhered to throughout the duration of all MIDRASHA courses.
4. Payment for Topics 4 Teens must be made by the second class. Tuition will not be reimbursed after the second class.
5. 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.
6. Matters of conflict, or grievance between MIDRASHA Hebrew High School Program and parent/student body shall be mediated by the MIDRASHA Steering Committee.
7. Tuition reimbursement policy Students may try up to 2 classes non-obligatory without payment, Students withdrawing after 3 weeks will be given %75 refund, and students withdrawing after a month will be given %50 refund. Students withdrawing after 2 months will not be given any refund.

*For more information on our policies and procedures please contact our Coordinator Lanie Goldberg (905)524-2663.*

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# MIDRASHA – HAMILTON HEBREW HIGH

## PICTURE RELEASE FORM 2006-07

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.

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*Signature*

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*Name of Student*

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*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*