



# ASHREINU NEW STUDENT REGISTRATION FORM 2018-19

## Ashreinu School for Girls

P.O. Box 29, 9466 Georgia Avenue, Silver Spring, MD 20910  
1840 University Boulevard West, Wheaton, MD 20902  
[www.ashreineducation.org](http://www.ashreineducation.org) (240) 560-3646

This application constitutes a formal request for consideration of your child as a student in **Ashreinu School for Girls**, opening as a school in the District of Columbia for the 2018-2019 academic year. Please complete the following information and return this form with a \$12.00 non-refundable application fee. Please make check payable to *Ashreinu Educational Programs*. Acceptance to Ashreinu School for Girls will be based on a personal interview, a review of the student's school records/testing and consultation of references. Should your student not be accepted to Ashreinu for any reason, your membership fee and/or tuition will be returned.

### Student Information

Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Name Preferred by Student: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth (City, State): \_\_\_\_\_

Grade placement requested: \_\_\_\_\_ Gender: \_\_\_\_\_

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

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

Person Enrolling Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### Household Parent/Guardian Information

Parent/Guardian #1 \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address of P/G #2 (if different) \_\_\_\_\_

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



**Family Synagogue Affiliation**

Synagogue \_\_\_\_\_ Rabbi \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**All Schools Previously Attended**

Name of School \_\_\_\_\_ City, State \_\_\_\_\_

Grade(s) \_\_\_\_\_ Dates Attended \_\_\_\_\_ - \_\_\_\_\_

Name of School \_\_\_\_\_ City, State \_\_\_\_\_

Grade(s) \_\_\_\_\_ Dates Attended \_\_\_\_\_ - \_\_\_\_\_

Name of School \_\_\_\_\_ City, State \_\_\_\_\_

Grade(s) \_\_\_\_\_ Dates Attended \_\_\_\_\_ - \_\_\_\_\_

Name of School \_\_\_\_\_ City, State \_\_\_\_\_

Grade(s) \_\_\_\_\_ Dates Attended \_\_\_\_\_ - \_\_\_\_\_

Name of School \_\_\_\_\_ City, State \_\_\_\_\_

Grade(s) \_\_\_\_\_ Dates Attended \_\_\_\_\_ - \_\_\_\_\_

Does student have an IEP or is student seeking outside services (speech, OT, PT, psychological, etc.)? \_\_\_\_\_

If yes, please contact our Manager of Administration, Ms. Alister Jacob, to ensure the program is able to provide appropriate accommodations for your child's situation.

\_\_\_\_\_  
Name of Parent/ Legal Guardian Enrolling Student      Signature of Parent/Legal Guardian Enrolling Student      Date



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**OFFICE USE ONLY:**

Student ID# \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ Grade Placement \_\_\_\_\_ Rabbinic Approval \_\_\_\_\_

Fed Race/Ethnicity Form Complete \_\_\_\_\_ Request for Records \_\_\_\_\_ Immunization Records \_\_\_\_\_ IT Set-up \_\_\_\_\_

*Ashreinu School for Girls, Inc. d/b/a Ashreinu Educational Programs provides educational opportunities for students in the Orthodox Jewish community. Ashreinu programs admit students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students in the programs. The programs do not discriminate on the basis of race, color, national or ethnic origin in the administration of educational policies, admissions policies, scholarship and loan programs, and athletic and other policies administered by the programs.*

*Ashreinu School for Girls, Inc. is currently a Candidate for Accreditation with AdvancEd.*