



ASHREINU NEW STUDENT REGISTRATION FORM 2018-19

Ashreinu Educational Programs

Homeschool Umbrella Program

P.O. Box 29, 9466 Georgia Avenue, Silver Spring, MD 20910
1840 University Boulevard West, Wheaton, MD 20902

www.ashreinueducation.org (240) 560-3646

This application constitutes a formal request for consideration of your child as a homeschooled student with **Ashreinu Educational Programs**. 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 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. Membership in the Umbrella Program is \$50.

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 _____



BS'D

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 _____

Prior Student Experiences

Has the student previously been in a homeschool environment? _____

If yes, at what age/grade did the student begin homeschooling? _____

If not, please provide the student's most recent school environment:

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

Ashreinu offers limudei kodesh and secular classes to middle and high school students through Ashreinu School for Girls and Ashreinu Educational Programs for Boys. If your student is interested in attending any of these classes, please note below and together we can determine whether and which classes make sense for your student.



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.