

Branch Choices

Please fill out the top part of this page, if you are a full time LAHHS student.
 Sunday only students in Judaic Studies Program do not need to choose a branch.

Conejo Valley
 Oaks Christian High School
 31749 La Tienda Drive
 Tuesday & *Sunday
 4:00 - 7:45 pm

Pico-Robertson
 Pilch Family Branch
 At Temple Beth Am
 1027 South La Cienega Blvd.
 Wednesday & *Sunday
 4:30 - 8:00 pm

San Fernando Valley
 The Ken Rowen Family Branch
 At Valley Beth Shalom
 15739 Ventura Blvd.
 Mon., Wed. & *Sunday
 Mon. 6:40 - 8:40 pm
 Wed. 6:40 - 8:25 pm

Santa Clarita (Valencia)
 Congregation Beth Shalom
 21430 Centre Point Drive
 Tuesday & *Sunday
 5:15 - 8:30 pm

West Los Angeles
 Adat Shalom
 3030 Westwood Blvd.
 Tues., Thurs. & *Sunday
 Tues. 6:30 - 8:15 pm
 Thur. 6:30 - 8:30 pm

West Valley
 Shomrei Torah
 7353 Valley Circle Drive
 Thursday & *Sunday
 4:15 - 8:00 pm

South Bay
 Ner Tamid
 5721 Crestridge Rd.
 Wednesday & *Sunday
 4:45 - 8:15 pm

* **All Sunday sessions** are held at LA Pierce College
 6201 Winnetka, Woodland Hills, CA
 9:05 am - 12:35 pm

Sunday Bus Transportation

Los Angeles Hebrew High School offers Sunday bus service to students in various locations for the extremely reasonable fee of **\$285** annually. For families with two students the cost will be **\$415** annually and **\$460** for three students.

Please check below and complete the transportation section on the tuition payment plan form (page 9)

Bus From	Location (check one box)
Los Angeles City	<input type="checkbox"/> Temple Beth Am
West Los Angeles	<input type="checkbox"/> Corner of Veteran and Wilkins
South Bay	<input type="checkbox"/> Ner Tamid <input type="checkbox"/> Corner of Hawthorne and the 405
Valencia	<input type="checkbox"/> Granary Square <input type="checkbox"/> Canyon Country

Health Form

Please be sure to fill out the entire medical information section.

Student's Name _____	School _____
Address _____	Home Phone _____
City _____ State _____ Zip _____	Student's Age ____ Birthdate _____
Family Physician _____	Physician's Phone (____) _____
Medical Insurance Co. _____	Policy No. _____
Parent/Guardian Names(s) _____	Cell Phone (____) _____

If parents are not available in an emergency, please notify:

Name _____	Relationship _____
Home Phone (____) _____	Cell Phone (____) _____

Does your child have any problems with the following?

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to Food	<input type="checkbox"/>	<input type="checkbox"/>	Allergies to Medication	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Problems	<input type="checkbox"/>	<input type="checkbox"/>	Fear of Heights	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>						

If yes, please explain: _____

Does your child have any other serious medical problems/been under a physician's care recently?

Yes No If yes, please explain _____

Existing medical conditions of special concern (including allergies to medication):

If your child has a particular learning challenge or disability, please fill out the learning form on page 5.

Height _____ Weight _____

I hereby give permission to my child to participate in all LAHHS programs, activities and events and do release LAHHS and its representatives from all liability arising out of my child's participation in such activity. In addition, I the undersigned parent/guardian of the above child, do further certify that my child is physically able to participate in such activity and hereby authorize LAHHS and its authorized representatives as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is to be rendered under the general or specific supervision of any licensed physician (under the provision of the California Medicine Practice Act) or the staff of a licensed hospital, whether such diagnosis, examination or treatment is rendered at the office of said physician, or at such hospital. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of our above named agents to give specific consent to any and all such examinations, diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. In addition, I give authorization for my child's photograph or likeness to be utilized in LAHHS promotional materials.

I have read and fully agree to the medical/liability form above:

Signature Parent/Guardian X _____ Date _____

Signature Parent/Guardian X _____ Date _____

Student Learning Form 2011-2012

(CONFIDENTIAL- For Office Records Only)

Over the years, we have learned that the MORE information that we have regarding your student's learning, the better we will be able to serve them. PLEASE complete this form and mail back to the LAHHS office IF there is any information listed that will help us to ensure your child's academic and social success at LAHHS.

Student Name: _____

Parent Name: _____

1. Does your student have any specific learning challenges? Yes No

1b. If yes, please describe in detail _____

1c. Are there strategies that our faculty should be aware of that will help your student to succeed at LAHHS? _____

2. Does your student have an IEP in their daytime school? Yes No

If yes, please attach the most recent copy and return along with this form.

3. Does your student have any emotional, neurological or familial issues of which we should be aware? Yes No

If yes, please describe in detail: _____

Thank you for completing this questionnaire. Please return to the LAHHS central office along with the rest of the Application for Admission.

2011-2012 LAHHS Kamenir Shabbaton Retreat
Selection and Information

The Kamenir Shabbaton Retreat offers our students a unique opportunity to put into practice the values and traditions which are studied in the classroom. We strive to develop a socially and educationally exciting program of learning, playing and Jewish living based on a relevant and stimulating theme.

Students are required to attend one of our two annual retreats. The fee for the retreat is included in the tuition. Students may attend an additional Shabbaton for a fee of **\$125**.

A. All students are required to attend one of our annual retreats at Camp Ramah.

B. Please select the weekend that best meets your needs. **Please consult your entire extra-curricular activity schedule, school and family calendars.**

November 18-20, 2011 March 16-18, 2012

C. Our insurance carrier demands that all students ride an official LAHHS bus to our Kamenir Shabbaton weekends. Busses will be leaving and returning from the following locations.

Please register me for the bus which departs from:

Granary Square (Valencia) Corner of Veteran/Wilkins (West L.A.)
 Temple Aliyah (West Valley) Sumac Park (Agoura)

D. Cancellation fee: Students who need to cancel their attendance on a Shabbaton must do so in writing at least 5 business days prior to the weekend. **Failure to do so will result in a cancellation charge of \$125.**

Los Angeles Hebrew High School Code Of Student Conduct (2011-2012)

Please read this code carefully, sign at the bottom and return along with your registration forms to the LAHHS central office. We look forward to a tremendous year of learning together.

Students enroll at Los Angeles Hebrew High School in order to learn Hebrew, study Jewish texts, explore Judaic history and culture, and spend quality time with Jewish peers. For effective learning to take place, a respectful and safe environment is a necessity. No student has the right to interfere with the education or safety of another student or faculty member. **Students and faculty members are expected to conduct themselves in an appropriate manner and to treat each other with dignity and respect at all times.**

Los Angeles Hebrew High School students are expected to:

- Use appropriate language when interacting with faculty, administration, and peers.
- Resolve interpersonal conflicts without resorting to expressions of aggressive physical behavior or inappropriate language.
- Respect the privacy rights of all peers and adults.
- Show respect for the personal property of others and facilities utilized by LAHHS.
- Refrain from disrupting the learning process through inappropriate behavior.

Disruptive or inappropriate behavior will be handled in the following manner:

- 1) Student – Faculty conference
- 2) Faculty – Administration contact
- 3) Faculty phone call or letter to student’s family explaining #s 1 and 2
- 4) Administration phone call or letter to student’s family explaining #s 1 and 2
- 5) Conference between Student, Teacher, Parents and Administration
A chronically disruptive student will be suspended or expelled from the program.

Other serious infractions:

Acts of vandalism, use or possession of weapons, use or possession of drugs or alcohol, leaving the school grounds without the approval of LAHHS administration, smoking on school grounds, fighting, sexual harassment, cheating or plagiarism, and physical, or sexual abuse of students or faculty members. If a serious infraction occurs, a conference will be scheduled with the parent/guardian of the student, the student, LAHHS principal or representative, as well as any other relevant parties.

- Any student found with weapons, drugs or alcohol in his/her possession will be dismissed from the program immediately.
- Any student who sexually harasses another student or faculty member will be dismissed from the program immediately.
- There will be no tuition rebate or refund if a student is expelled or suspended.
- A student and his/her parent(s) will be liable for any property damage for which the student is found responsible.
- No student will be allowed to leave any LAHHS branch location without written permission from their parent or legal guardian.

The LAHHS program accepts only the highest moral standards. Plagiarism and/ or cheating on assignments or exams is not tolerated.

I have read this student conduct code, and agree to abide by each of its tenets.

Student’s Name: _____

Student’s Signature: X _____

Parent/Guardian Signature: X _____

LAHHS tuition schedule 2011-2012

LAHHS PROGRAM RATES (Full-time)	
\$200 non-refundable registration fee included	
\$2875	Early - by June 1, 2011
\$2994	Regular - by August 1, 2011
\$3250	Late * - after August 1, 2011

* (rate applies to returning families only)
Includes books, supplies and Kamenir Shabbaton

JUDAIC STUDIES PROGRAM RATES	
\$200 non-refundable registration fee included	
\$1980	Early - by June 1, 2011
\$2173	Regular - by August 1, 2011
\$2485	Late * - after August 1, 2011

* (rate applies to returning families only)
Includes books, supplies and Kamenir Shabbaton

- \$100 discount for second child enrolled
- \$200 discount for third child enrolled

+ Three payment options

- Payment in full (Plan A)
- Two installments (Plan B)
- Deposit to LAHHS plus 8 monthly installments through the FACTS Tuition Management Service (Plan C)

+ Two methods of payment to LAHHS

- Check
- Credit Card (MasterCard or Visa)
FACTS does not accept Visa, but does accept MasterCard, Discovery and American Express.

+ Financial Aid is available and requires a separate Financial Aid application (Plan D)

The application will be sent to you once we have received your **non-refundable** deposit and processed your Application for Admission.

Tzedakah: We encourage each family to make a tax deductible donation to the LAHHS Scholarship Fund. Please be aware that the tuition received for each student only covers 70% of the costs of providing an outstanding Jewish education. Your donation helps to ensure that every Jewish teen desiring a meaningful Judaic education has the opportunity to study at LAHHS. Please note your donation on the following page.

Tuition Payment Plan – Additional Fees

Payment through FACTS incurs additional fees

Circle the tuition plan of your choice in this section or refer to Plan D below.		Payment Plan A Payment in Full enclosed with application	Payment Plan B Two Payments First payment due with application 2 nd payment due by 12/1/11	Payment Plan C Deposit Payable to LAHHS due with application + Monthly payments Through FACTS Tuition Management
LAHHS Program Full Time	Early By 6/1/2011	\$2875 <small>(includes \$200 non-refundable registration fee)</small>	1 st - \$1575 2 nd - \$1300	Deposit to LAHHS \$875 + 8 payments of \$250
	Regular By 8/1/2011	\$2994 <small>(includes \$200 non-refundable registration fee)</small>	1 st - \$1650 2 nd - \$1344	Deposit to LAHHS \$874 + 8 payments of \$265
	Late After 8/1/2011 <small>(Returning student only)</small>	\$3250 <small>(includes \$200 non-refundable registration fee)</small>	1 st - \$1785 2 nd - \$1465	Deposit to LAHHS \$1050 + 8 payments of \$275
Judaic Studies Program Sunday only	Early By 6/1/2011	\$1980 <small>(includes \$200 non-refundable registration fee)</small>	1 st - \$1090 2 nd - \$890	Deposit to LAHHS \$620 + 8 payments of \$170
	Regular By 8/1/2011	\$2173 <small>(includes \$200 non-refundable registration fee)</small>	1 st - \$1195 2 nd - \$978	Deposit to LAHHS \$693 + 8 payments of \$185
	Late After 8/1/2011 <small>(Returning student only)</small>	\$2485 <small>(includes \$200 non-refundable registration fee)</small>	1 st - \$1360 2 nd - \$1125	Deposit to LAHHS \$845 + 8 payments of \$205

Plan D – Financial Aid (check if you would like to apply)

Payment of a \$200 (non-refundable) registration fee is due with this application. By checking here, you are requesting a Financial Aid Application. We will mail these forms to you immediately. Completed Financial Aid Applications are due in the central LAHHS office by July 15, 2011. Plan D payments are also paid through FACTS Tuition Management.

Tzedakah

Please accept my tax deductible donation to the LAHHS Scholarship Fund in the amount of:

\$200 \$100 \$72 \$54 other \$_____.

Transportation Temple Beth Am, West L.A., South Bay or Valencia

See page 3 1 student \$285 2 students \$415 3 students \$460

Credit Card	Number: _____ Expiration Date: _____
	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card Name on Card: _____

I have read and understand that by signing below I am responsible for the tuition payment and fees circled above. Further, I understand that if I do not withdraw my student in writing by NOVEMBER 15, 2011, I will be responsible for all tuition fees for the year. If I do withdraw my student in writing by NOVEMBER 15, 2011, I understand that I will be charged a prorated tuition fee.

Signature X _____ Date _____

Thank you for your support and for your dedication to the continuation of your child’s Jewish education. We look forward to a wonderful 2011-2012 School year!