



1. Does the student have any emotional, neurological or familial issues of which we should be aware?  yes  no

If so, please describe in detail.

---

---

---

2. Does the student have any learning issues?  yes  no

3. Does the student have an IEP?  yes  no

If so, please attach the most recent copy to this application. If we do not have a current copy of IEP, we reserve the right to hold application until received.

4. Does the student have a 504 plan?  yes  no

If so, please attach the most recent copy to this application. If we do not have a current copy of 504, we reserve the right to hold application until received.

5. Does the student receive support services?  yes  no

If so, please describe in detail.

---

---

---

6. Please list all existing medical conditions of special concern (including allergies to medication and food).

---

---

---

7. What are you hoping your child will learn or gain from the Makor experience?

---

---

---

---

8. Please list two friends with whom the student would like to be grouped for core class.

---

9. Please list the names and relationships of anyone in your family who has graduated from a Hebrew College program.

---

---

---

10. What is the student's summer 2009 camp or program? \_\_\_\_\_

11. Has the student been to Israel?  yes  no If so, with whom? \_\_\_\_\_

12. Is the student a member of a youth movement?  yes  no If so, which one? \_\_\_\_\_

## Tuition

Makor tuition will be billed the same way as your religious school tuition has been in the past. All questions about tuition payments should be directed to Aimee Close at akclose@hebrewcollege.edu. Financial aid requests will be handled by your synagogue.

## Parental Agreement

I hereby enroll my child \_\_\_\_\_ in Makor, the Middle School of Prozdor and Community Congregations for the 2010–2011 academic year.

Student's name

- I hereby give permission to my child to participate in all Makor and Prozdor of Hebrew College programs, activities and events, and do release Hebrew College and its representatives from all liability arising out of my child's participation in such activity.
- I give permission for my child's picture to be used for Hebrew College and its affiliates' publicity.
- I give permission for my child to participate in all Makor and Prozdor of Hebrew College programs, activities and field trips that arise during the school year.
- I agree that in case of an emergency, Makor may make all reasonable efforts to secure and administer treatment including hospitalizations for the student.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

### SCHEDULE 2010–2011

#### Sunday

9:30 a.m.–1:30 p.m.  
Hebrew College  
160 Herrick Road  
Newton Centre, MA

#### Midweek

Please refer to the Makor Handbook supplement relevant to your Makor site for midweek scheduling information.

## Flip over for New Student Questionnaire

