

Kehillat Ashreinu Montessori School  
1840 University Blvd West  
Wheaton, MD 20902  
(301) 593-4343

**Mailing Address:**  
Ashreinu Educational Programs  
9466 Georgia Avenue, Box 29  
Silver Spring, MD 20910  
(240) 560-3646

Ashreinu School for Girls  
1600 Jonquil Street NW  
Washington DC 20012  
(202) 768-6005

## STUDENT REGISTRATION FORM 2019-20 Ashreinu School for Girls

This application constitutes a formal request for consideration of your child as a student with **Ashreinu School for Girls** for the 2019-2020 academic year. Please complete the following information and return this form with a \$50.00 non-refundable application fee. 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 application 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, Country): \_\_\_\_\_

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

Student 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 \_\_\_\_\_

Address of Parent/Guardian #1 (if different):

\_\_\_\_\_

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



BS"D

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

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

Address of Parent/Guardian #2 (if different):  
\_\_\_\_\_

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

**Family Synagogue Affiliation**

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

**Emergency Contacts**

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

Cell Phone \_\_\_\_\_ Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Address \_\_\_\_\_

**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 \_\_\_\_\_ - \_\_\_\_\_

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**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.*



Languages spoken at home

Names and ages of siblings

If so, please be prepared to provide us with a copy of the reports.

## Medications

Do any allergies require an EPI-PEN injection?	No	Yes

**Date of last tetanus booster:**

In order to best serve your child, we welcome you to share your thoughts, feelings, observations, input, suggestions, and any other information you deem beneficial. Together, we are partners in your child's education. Please feel free to use the space below to share relevant information about your child or family.