



HDC Hebrew High

Student Information

B'H'
18848 Erwin St. Tarzana, CA 91335
Tel:(818)705-3600 Fax:(818)264-3200
hdc@hdconline.org
www.HebrewDiscoveryCenter.com

Have you received any Hebrew language credit from any other institution(s) besides HDC Hebrew High?

Yes No If yes, how many years/ credits? _____

Do you have siblings in the program? Yes No Sibling name: _____

How did you hear about HDC Hebrew High? Friend School Counselor Jewish Club
 Advertisement / Flyer Current Student, Name: _____ Other: _____

Bus Transportation

Bus service is currently offered from some schools to first session students for the extremely low fee of \$45 annually.

Do you need bus services? Yes No

Location (Check one box)		
<input type="checkbox"/> Taft High School	<input type="checkbox"/> El Camino High School	<input type="checkbox"/> Calabases High School

Big Bear Shabbaton Retreat

The Big Bear Shabbaton Retreat offers students a unique opportunity to unite and creat bonds with each other. Students are required to attend the retreat inorder to complete the course. The heavily subsidized fee for this three days retreat is only \$95.

(Please intial) _____ I acknowledge that attending the retreat is mandatory as this will be counted as part of the school's requirement hours.

School Policy

I have read and understand the School Policy Manual. I agree to adhere to these policies and understand that HDC will not be responsible for any claims, costs, losses, damages or personal injuries arising from them.

Student's Signature

Date

Parent's Signature

Date

Parent Volunteers

There are many opportunities for parent involvement to support the school. Indicate how you would like to help.

Telephone Calls PTA Trips Chaperone Other: _____



HDC Hebrew High

Health / Liability Form

B'H'
 18848 Erwin St. Tarzana, CA 91335
 Tel:(818)705-3600 Fax:(818)264-3200
 hdc@hdconline.org
 www.HebrewDiscoveryCenter.com

Student's Name (Last) _____ (First) _____

Physician's Name _____ Physician's 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"/>
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Problems	<input type="checkbox"/>	<input type="checkbox"/>	Fear of Heights	<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: _____

Are there any other existing medical conditions of special concern(including allergies to medication)?

Yes No If yes, please explain: _____

I hereby give permission to my child to participate in all HDC programs, activities and events and do release HDC and its representatives from all liability arising out of my child's participation in such activity. In addition, I undersigned parent/ guardian of the above child, do further certify that my child is physically able to participate in such activity and hereby authorize HDC 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 photography or likeness to be utilized in HDC promotional materials. All digital media will be stored on file at HDC.**

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

Signature of Parent/Guardian X _____ Date _____

Emergency Contact

1) (Name) _____ (Relationship) _____

--	--	--	--	--	--	--	--	--	--	--

2) (Name) _____ (Relationship) _____

--	--	--	--	--	--	--	--	--	--	--



HDC Hebrew High

Student Learning Form

(CONFIDENTIAL - For Office Records Only)

B'H'
18848 Erwin St. Tarzana, CA 91335
Tel:(818)705-3600 Fax:(818)264-3200
hdc@hdconline.org
www.HebrewDiscoveryCenter.com

Please complete this form which will help us ensure your child's academic and social success at HDC Hebrew High.

Student Name: (Last) _____ (First) _____

1) Does your child have any specific learning challenges? Yes No If "Yes" answer items A and B. If "No" skip to item 2.

A) Please describe in detail: _____

B) Are there strategies that our faculty should be aware of that will help your child to succeed at HDC?

2) Does your child have any emotional, neurological or familial issues of which we should be aware? Yes No

If yes, please describe in detail: _____

3) Does your child have an IEP in their daytime school? Yes No

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



HDC Hebrew High

Tuition Schedule 2018-19

B'H'
 18848 Erwin St. Tarzana, CA 91335
 Tel:(818)705-3600 Fax:(818)264-3200
 hdc@hdconline.org
 www.HebrewDiscoveryCenter.com

\$750 Tution (Fall & Spring semesters \$ 375 per semester) \$95 Shabbaton (Weekend Retreat) Mandatory Fee \$45 Bus Service	
<input type="checkbox"/> 1 Payment	Entire tuition paid in full: Due at registration \$845 <input type="checkbox"/> Bus service add - \$45
<input type="checkbox"/> 2 Payments <small>*There is an additional \$5 processing fee per payment</small>	2 Post dated checks dated: September 1, 2018 \$427 <input type="checkbox"/> Bus service add - \$45 January 1, 2019 \$427
<input type="checkbox"/> 3 Payments <small>*There is an additional \$5 processing fee per payment</small>	3 post dated checks dated: September 1, 2018 \$286 <input type="checkbox"/> Bus service add - \$45 December 1, 2018 \$286 February 1, 2019 \$286
<input type="checkbox"/> 10% Discount on second or third sibling's enrollment	

Please accept my tax deductible donation to the HDC Scholarship Fund in the amount of: <input type="checkbox"/> \$18 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> Other _____
--

PLEASE NOTE:

- Returned checks can not be redposited and will require the writer of the check to submit repayment for the balance due plus an additional \$50.00 to cover bank charges.
- Please make checks payable to HDC and in the memo portion of the check, please write the name of the student.
- Students will not be admitted to class until all fees are submitted in full along with completed application.

I have read and undertand that by signing below I am responsible for the tuition payment and fees checked above. Further, I understand that if I do not withdraw my student in writing by SEP 30, 2018, I will be responsible for all tuition fees for the year. If I do withdraw my student in writing by SEP 30, 2018, I understand that I will be charged a prorated tuition fee.

Print Name _____ Signature **X** _____ Date _____

OFFICE USE ONLY

Cash received upon registration \$ _____ Received by: _____ Signature and Date	<table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Check #s (if applicable)</th> </tr> <tr> <th style="text-align: center;">Number</th> <th style="text-align: center;">Amount</th> </tr> <tr> <td>1# _____</td> <td>\$ _____</td> </tr> <tr> <td>2# _____</td> <td>\$ _____</td> </tr> <tr> <td>3# _____</td> <td>\$ _____</td> </tr> <tr> <td>4# _____</td> <td>\$ _____</td> </tr> <tr> <td>5# _____</td> <td>\$ _____</td> </tr> <tr> <td>6# _____</td> <td>\$ _____</td> </tr> </table>	Check #s (if applicable)		Number	Amount	1# _____	\$ _____	2# _____	\$ _____	3# _____	\$ _____	4# _____	\$ _____	5# _____	\$ _____	6# _____	\$ _____	Student's Name _____ Notes :
Check #s (if applicable)																		
Number	Amount																	
1# _____	\$ _____																	
2# _____	\$ _____																	
3# _____	\$ _____																	
4# _____	\$ _____																	
5# _____	\$ _____																	
6# _____	\$ _____																	