

New Student Questionnaire

To be filled out by students NEW to Makor. Please Print Clearly

We are interested in learning more about you, so please be candid in your responses.

Student Name_____

1. Who is/was a memorable teacher? What makes/made this teacher so exceptional?

2. What are your favorite things to do after school and on weekends? (sports, music, art, hobbies)

3. Please describe a Jewish experience you have enjoyed in synagogue, your home or school.

4. Why do you think you will enjoy studying at Makor-Emeth?

5. What would you like us to know about you?



Student Application 2011

Applications are due by **AUGUST 27, 2011**. Please complete all applicable pages and return to:
Makor, c/o Prozdor of Hebrew College, 160 Herrick Road, Newton Centre MA 02459

Partial applications will not be processed.

Congregation: _____ Hours: _____ 3 hours _____ 4 hours

Student Information

Last Name _____ First Name _____ M: _____ Gender: M / F

Hebrew Name _____ Date of Birth _____

Address_____

Student Email address_____

Home phone_(_____)_____ Student cell phone_(_____)_____

Grade as of Sept. 2011 _____ Secular School as of Sept. 2011 _____

Bar/Bat Mitzvah Date_____

Parent Information

Parent/Guardian 1

Name_____

Work phone_(_____)_____

Home phone_(_____)_____

Cell Phone_(_____)_____

Email Address_____

Occupation_____

Address (if different than student address above)

Marital Status ___ Married ___ Single ___ Widowed ___ Divorced Other_____

To which address would you like school mailings sent? (Check all that apply) ___ Student ___ Parent 1 ___ Parent 2

Every Makor-Emeth family must have at least one email address on our email list. (Check who you would like to be on this list)

____ Student ___ Parent 1 ___ Parent 2 Other/Additional _____

Emergency Contact (other than parents)

Name	Relationship	Home Phone	Cell Phone
Makor Middle School of Hebrew College Prozdor and Community Congregations/Questions? Contact David List / Dlist@HebrewCollege.edu / 617-559-8805			

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 the 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 the 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 with 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 2011 camp or Program? _____ Session: _____

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? _____

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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 your religious school.

Parental Agreement

I herby enroll my child _____ in Makor, the middle school of Prozdor and Congregation _____ for the 2011-2012 academic year.

- 1. I herby give permission to my child to participate in all Makor and Prozdor of Hebrew College programs, activities and event, and do release Hebrew College and its representatives from all liability arising out of my child’s participation in such activity.
- 2. I give permission for my child’s picture to be used for Hebrew College and its affiliate’s publicity.
- 3. 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.
- 4. I agree that in case of an emergency, Makor staff will make all reasonable efforts to secure and administer treatment including hospitalizations for the student.

Signature of parent/guardian _____ Date _____

Sunday Schedule 2011 – 2012

Sunday (4 hour program) 9:30 a.m. – 1:30 p.m. Hebrew College 160 Herrick Road Newton Centre, MA 02459	or	Sunday (3 hour Program) 9:30 a.m. – 12:40 p.m. Hebrew College 160 Herrick Road Newton Centre, MA 02459
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This registration will be used by both Makor and your congregation.



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