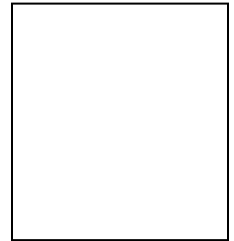


Bergen County High School of Jewish Studies
Application Form 2017-2018



- New Student
Returning Student

BCHSJS Office
475 Grove Street
Ridgewood, New Jersey 07450
Phone: (201) 488-0834; Fax (201) 488-2126
E-Mail: office@bchsjs.org Website: www.bchsjs.org

Student Information - Please Print Legibly

Last Name: First Name: Middle Initial

Student's Cell Phone: Student's E-Mail:

Date of Birth:

Name of Secular School as of September 2017
Secular School Grade as of September 2017

Did you ever attend a day school/yeshiva? If Yes: Name of School
Highest Grade Completed

Name of Religious or Hebrew School Attended
Highest Grade Completed

Parent/Guardian I (Print Legibly)

Parent/Guardian II (Print Legibly)

Salutation Name

Salutation Name

Same Info as Parent/Guardian I

Address

Address

City Zip

City Zip

Synagogue Affiliation (if any)

Synagogue Affiliation (if any)

Town

Town

Home Phone

Home Phone

Work Phone

Work Phone

Cell Phone

Cell Phone

\*Parent E-mail

\*Parent E-mail

Occupation/Employer

Occupation/Employer

Students please list any Jewish Youth Groups that you are actively involved in:

\*We send weekly Announcements to parents via e-mail.

## Tuition and Fees Information

Registration Fee (non-refundable & not included as part of the tuition)	\$ 200.00
Tuition **	\$ 1,350.00
Credit for students from sponsoring congregations	\$ (100.00)
Ad Journal Obligation	\$ 180.00 per family
Graduation Fee (applicable to only those graduating this year)	\$ 100.00
<b>Deduct \$50 Early Bird -</b> If the Application for <b>returning</b> students is received <b>prior to</b> May 15, 2017. If the Application for <b>new</b> students is received <b>prior to</b> June 5, 2017.	\$ (50.00)
<b>Add \$50 Late Fee</b> If the Application for <b>returning</b> students is received after September 5, 2017.	\$ 50.00

\* Credit card fees are waived if the statement is paid in full by September 10, 2017.

- For classes that BCHSJS distributes textbooks and/or materials (such as art supplies, folders, etc.) fees will be charged separately by mid-semester.

\*\* Please note that the tuition is heavily subsidized by the JFNNJ, fundraising, and other sources.

## Regarding Payment

**Tuition payment in full and all fees are due by Sunday, September 10, 2017 and are non-refundable.**

No refunds will be made if the student elects to withdraw from school prior to the completion of the academic year or is suspended or expelled for any infraction listed on the *Code of Student Conduct*.

- **Request for financial aid paperwork.** Paperwork will be mailed to you immediately. Financial Aid applications are due back to BCHSJS **no later than June 5, 2017.** Funds will be allocated over the summer and funds may not be available for families submitting applications after this date.

Payment of **\$200** non-refundable registration fee is due with application.

Forward this application together with a check payable to BCHSJS for the \$200.00 registration fee to:

**Bergen County High School of Jewish Studies**  
475 Grove Street – Lower Level  
Hackensack, New Jersey 07450

Important components of the BCHSJS *curriculum and experience* are the trips, Shabbaton (weekend retreat), overnights, and other school activities. These activities are publicized in advance to the parents and students, and described in various e-mail and written communications. **This application will serve as the consent form to participate in such activities; and by signing this application I consent and agree that my child can participate in any and all such BCHSJS activities.** *These activities, as well as classroom and school activities, are often photographed and videotaped.* I also consent that my child may be photographed and/or videotaped, that this/these image(s) may be used by BCHSJS in print and/or online and that I waive all rights with respect to such use and release BCHSJS in connection with any such use or display. It is understood that no remuneration will be received. **I may revoke this consent at any time, in advance, in writing. Unless I notify the school in writing, my signature below constitutes consent.**

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

***The Bergen County High School of Jewish Studies is a beneficiary agency of The Jewish Federation of Northern New Jersey***



*BCHSJS is sponsored by the following congregations:*

Congregation Ahavath Torah, Englewood	Kol Haneshamah, Englewood
Congregation B'nai Israel, Emerson	Reconstructionist Temple Beth Israel of Bergen County, Maywood
Congregation B'nai Yeshurun, Teaneck	Temple Beth El, Hackensack
Congregation Beth Aaron, Teaneck	Temple Beth Sholom, Fair Lawn
Congregation Beth Sholom, Teaneck	Temple Beth-El, Rutherford
Congregation Beth Tefillah, Paramus	Temple Emanu-El of Closter
Fair Lawn Jewish Center / Congregation B'nai Israel	Temple Emanuel of the Pascack Valley, Woodcliff Lake
Glen Rock Jewish Center	Temple Israel & Jewish Community Center, Ridgewood
Jewish Center of Teaneck	Temple Avodat Shalom, River Edge
Congregation Geshet Shalom /JCC of Fort Lee	The New Synagogue of Fort Lee
Jewish Community Center of Paramus/Congregation Beth Tikvah	

**Bergen County High School of Jewish Studies  
Health and Emergency Information  
2017-2018**

*Note: Do Not Leave Blanks. This is important information for the safety of your child.  
If an item does not apply to your child, indicate it with "N/A".  
Please print legibly.*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Phone Number (***Other than Parent/Guardian***) - **MUST BE COMPLETED**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Medications:

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Health Problems: \_\_\_\_\_

\_\_\_\_\_

Are there special procedures that you wish the school to follow in case your child is sick or impaired?

\_\_\_\_\_

***If you child has a learning disability, social-emotional issue,  
or other special needs, please check here.*** \_\_\_\_\_

*The Guidance Counselor will contact you to facilitate your child receiving the special  
accommodations and support required to make learning at  
BCHSJS a positive, productive experience.*

It is understood that in the final disposition of an emergency, the judgment of the school administration will prevail. The recommendation of the parent, as indicated above, will be respected as far as possible.

The parent agrees to notify, in writing, any changes in the above information.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Bergen County High School of Jewish Studies**  
**Code of Student Conduct**  
**2017-2018**

Students enroll at BCHSJS in order to learn and to spend quality time with Jewish peers. For effective learning to take place and for quality social programs and community activities, a respectful and safe environment is necessary. 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. BCHSJS accepts only the highest behavior and moral standards.

**For Students:**

I agree to:

- Use appropriate language when interacting with faculty, administration, and peers.
- Resolve interpersonal conflicts without using aggressive physical behavior or inappropriate language.
- Respect the privacy of others.
- Show respect for all facilities used by BCHSJS and for the personal property of others.
- Refrain from disrupting the learning process through inappropriate behavior.
- Turn off and put away cell phones, mp3 players, etc., **before** entering class, and to give any of the above-mentioned electronic devices to a teacher/administrator if taken out during class to be returned only at the end of the session.
- Wear appropriate clothing.
- Bring a kippah to class and wear it for the duration of classes (males are required, females have the option).
- Leave the school or any of its programs only after having received approval from the administration after handing-in written permission from parent or guardian.

I understand that:

- Infractions include but are not limited to acts of vandalism, use or possession of weapons, smoking on school grounds, use or possession of drugs or alcohol, leaving the school grounds without approval of BCHSJS administration, fighting, and sexual or physical harassment.
- If an infraction occurs, a conference will be scheduled with my parent(s)/guardian, the BCHSJS principal or representative, as well as any relevant parties.
- BCHSJS reserves the right to suspend or expel students for any of the above listed infractions and should this occur, tuition will not be refunded.
- My parent(s) and I will be held financially responsible for any property damage which I may cause.

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

Student's Name (please print): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Parents:**

I have read the above **Code of Student Conduct** and agree to meet with the Administration should any infraction occur.

I understand that should my child be suspended or expelled there is no tuition refund and should my child cause any property damage I will be held financially responsible.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_