Attach Student Photo Here

Bergen County High School of Jewish Studies **Application Form - Spring 2021**

New 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

		- 1

<u>Student Information – Please Print Legibly</u>		
Last Name:	First Name:	Middle Initial
Student's Cell Phone:	Student's E-Mail:	
Date of Birth:		
Name of Secular School as of September 2020 Secular School G	Grade as of September 2020	
Did you ever attend a day school/yeshiva? l	If Yes: Name of School	

Highest Grade Completed Name of Religious or Hebrew School Attended _____ _____

Highest Grade Completed _____

Parent/Guardian I (Print Legibly)		<u>Parent/Guardian II</u>	(Print Legibly)	
SalutationName		Salutation	Name	
		🗆 Same Info as Parei	nt/Guardian I	
Address		Address		
City	Zip	City		Zip
Synagogue Affiliation (if any)		Synagogue Affiliation	n (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/Employe	er	

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

Registration Fee (non-refundable & not included as part of the tuition)	\$ 250.00
Tuition **	\$ 800.00
Ad Journal Obligation	\$ 200.00 per family

- For classes that BCHSJS distributes materials and/or textbooks (such as Hebrew textbooks, 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 upon registration 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*.

Payment of **\$250** non-refundable registration fee is due with application.

Forward this application together with a check payable to BCHSJS to: Bergen County High School of Jewish Studies 475 Grove Street – Lower Level Ridgewood, New Jersey 07450

Important components of the BCHSJS *curriculum and experience* are the trips, Shabbaton (weekend retreat), 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 of <u>The Jewish Federation of Northern New Jersey</u>

We are sponsored by the following congregations:

Congregation Ahavath Torah, Englewood	Kol Haneshamah, Englewood
Congregation B'nai Israel, Emerson	Reconstructionist Temple Beth Israel of Bergen County, Ridgewood
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 Gesher 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 Spring 2021

Note: <u>*Do Not Leave Blanks.*</u> *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 (<i>Other than Parent</i> /	<u> /Guardian)</u> - MUST BE COMPLETED		
Name:	Relationship to Student:		
Home Phone:	Cell Phone:		
Student Medications:			
Allergies:			
Are there special procedures that you wish the sc	hool 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 2020-2021

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 music playing devices, and/or all electronic devices before entering class. •
- Turn off and put cell phones on vibrate and put into a basket upon entering a class; to be retrieved • when leaving the class. This does not apply when students use the cell phone when guided by the teacher.
- Wear appropriate clothing. •
- 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 BCHSIS • principal or representative, as well as any relevant parties.
- BCHSIS 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: _____