We welcome you to our 28th exciting year!

We thank you for the trust you are placing in us by registering your child(ren) at the Torah School. We remain committed to working together with you to provide the exemplary chinuch for which the Torah School is known. Attached you should find:

1. A letter from Raanan Shames, President of the Board of Directors
2. Registration Worksheet
3. Financial Agreement and Terms and Conditions
4. Confidential Form for new students only
5. Immunization Record Form and Health Assessment Form for new students

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

1. Please fill out the online application at
2. Please return the Registration Worksheet and Financial Agreement to the school along with full payment of all registration fees, as calculated on the Registration Worksheet.
3. The most recent immunization record and health assessment for a new student must be included with the registration fee and Financial Agreement.

Should you have any questions about the registration process, please contact the school’s executive director, Mr. Zev Teichman, at 301-962-8003x2311 or by email at zteichman@tsgw.org.

Please send your completed Registration Worksheet and Financial Agreement along with the registration fees to:

Mr. Zev Teichman – Executive Director
Torah School of Greater Washington
2010 Linden Lane
Silver Spring, MD 20910

Admission and Financial Policy

The Torah School of Greater Washington is a Torah Umesorah affiliate founded to serve families from all segments of the Greater Washington community. We welcome students without regard to the affiliation, background, or degree of religious practice in the home, and we are open to students, faculty, and administrative staff of any race, color, and national or ethnic origin.

Admission to our school is open to all children of the Jewish faith, as defined by the Halachah. Kindergarten applicants must be 5 years old by September 1, 2021, and First Grade applicants must be 6 years old by September 1, 2021. Continued attendance in the Torah School is dependent upon the maintenance of satisfactory academic and behavioral standards. Please note that no registration will be accepted nor will a place be held for a child if the parents are not current with tuition payments for the current school year. Additionally, all financial arrangements for 2021-2022 must be completed before a student may begin the new school year. Limited tuition assistance may be available to families with demonstrated need without regard to race, color, and national or ethnic origin. For more information regarding tuition assistance, please see Financial Agreement and Terms and Conditions attached with this letter.
February 22, 2021

Dear Parents:

On behalf of the Board of Directors of the Torah School, I am very delighted to welcome all of our new parents and their children to the Torah School family, together with our many returning families! As always, we are very grateful for the privilege of educating your children. Our top priority is to ensure they receive the best educational program tailored to their individual needs and aspirations.

In light of the uncertainties in today’s COVID environment, we are still developing our budget for the upcoming 2021-2022 school year. You can help us in this regard by submitting the registration form, as soon as possible. This will enable us to project more accurately our student population for next year, together with our teaching staff requirements.

We anticipate completing the budget process shortly after Pesach and will inform you of the tuition fees at that time.

If you have any questions about the registration process, please do not hesitate to contact our Executive Director, Mr. Zev Teichman, at 301-962-8003 X2311. Thank you again for placing your trust in the Torah School!

Sincerely yours,

Raanan Shames
President, TSGW Board of Directors
Registration and Tuition Worksheet  
2021-2022 School Year

Family Name ____________________

Registration Fee Schedule

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost/Child</th>
<th>Qty.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Registration Fee</td>
<td>$325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Registration Fee</td>
<td>$500</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tuition Schedule

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost/Child</th>
<th>Qty.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition for All Grades</td>
<td>$16,760</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supply Fee</td>
<td>$75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Fee*</td>
<td>$180</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling Discount (Full Tuition Only)**</td>
<td>-$200</td>
<td>***</td>
<td></td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security Fund (Tax-Deductible) (Optional)</td>
<td>$100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In response to recent global events, the TSGW has increased security by extending the hours during which our facility is guarded. We have established a Security Fund in order to help defray the costs of providing security for our children. Families may make their tax-deductible contributions to this fund by enclosing a check indicating it is for the Security Fund or pay in installments via FACTS, as provided on the enclosed form. The suggested contribution is $100 per family.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Banquet Tickets (Optional)</td>
<td>$400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We request that all families, whether paying full tuition or applying for tuition assistance, consider adding an extra $40/month for two seats at the annual banquet. Banquet support is crucial to our school’s success.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Final Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Reduced from $275 based on funding from Maryland Non-Public School Student Textbook Program.

** The sibling discount for full tuition families only is calculated as follows:  
(total number of children) - (1) x ($200) = Sibling Discount

Referral Forms for County testing: $100
After-School Day Care: $10.00 per child per hour
Choir: (for those who participate) $100 for the school year
Special Educational Services: $125/month for daily (4 times per week) sessions, prorated amount for fewer sessions

(For accounting purposes, please note the total cost per pupil – including early registration, supply, and activity fees – is $17,340 for all grades.)  

< Please complete both sides. >
Financial Agreement and Terms and Conditions
2021-2022 School Year

In consideration of your application, the Torah School of Greater Washington holds a space, engages faculty, and commits to certain expenditures. The enrollment of your child(ren) at the school, therefore, constitutes a contractual agreement between you and the school. Please note that:

1) Submission of registration materials and/or signatures on this document constitutes an agreement that all financial obligations to the school, as delineated in the Tuition Worksheet, will be met.

2) Release of report cards, transcripts, and school records is conditional upon the payment of all accounts.

3) Students may not remain in school without a payment policy that has been approved by the School.

4) All families must be enrolled in the FACTS Management automatic tuition collection program; no exceptions may be made to this rule.

Please select your payment option:

☐ FACTS REENROLLMENT – Pursuant with the FACTS Management agreement, the Torah School will reenroll your family and set up 10 monthly deductions through FACTS. Please note, the first debit on all FACTS contracts will occur in August, 2021. This option may only be selected if all of the following criteria are met:

1. You currently have an active FACTS contract with the Torah School.
2. You currently are having FACTS draw funds from a bank account (not from a credit card).
3. You want to pay your 2021-2022 tuition in 10 monthly payments.

If any of the above criteria are not met, please choose the option below.

☐ NEW FACTS CONTRACT – I will pay the full amount of tuition and fees through the FACTS system in one, two, or 10 payments. I understand that I will receive an invoice from FACTS with online enrollment instructions during the summer, and, at that time, can choose a payment schedule and a bank account or credit card from which tuition payments will be drawn. (FACTS will assess an extra additional “convenience fee” to those families opting to pay by credit card.) Please note that the payment schedules from which you can choose are as follows:

Option 1: Tuition will be paid in one payment in August, 2021.
Option 2: Tuition will be paid in two equal payments in August, 2021 and January, 2022.
Option 3: Tuition will be paid in 10 equal payments, August, 2021 through May, 2022.

SCRIP: ALL FAMILIES ARE REQUIRED TO PURCHASE $4,000 WORTH OF SCRIP DURING THE SCHOOL YEAR. SHORTAGES WILL BE SUBJECT TO A PRO-RATED 5% SURCHARGE ($200 MAXIMUM/FAMILY) TO BE ASSESSED IN JULY, 2022.

PLEASE CHOOSE FROM THE FOLLOWING SCRIP OPTIONS:

I PLAN TO PURCHASE $4,000 IN SCRIP THIS YEAR _____

PLEASE ASSESS THE $200 SURCHARGE IN JULY, 2022, TO BE TAKEN FROM MY FACTS ACCOUNT _____

Tuition Assistance
Tuition Assistance (TA) is available to families with demonstrated need. The deadline for applying for TA is May 27, 2021.

Any TA submission received after May 27, 2021 will be subject to a $100 penalty in the TA award.


I/We hereby agree to the terms and conditions detailed above:

Responsible Party’s Printed Name __________________________ Signature __________________________ Date __________________________

Accepted by the Torah School of Greater Washington __________________________ Date __________________________

< Please complete both sides. >
CONFIDENTIAL FORM
(For New Students Only)

________________________________________________________
Family Name (please print)

The information on this page will be kept confidential and will be reviewed only by the Headmaster of the school. Please enclose it in an envelope marked Headmaster.

1. Were you born of a Jewish mother? 
   - Father: Yes | No
   - Mother: Yes | No

2. Were you converted to Judaism?
   If yes, please supply the details and a copy of the conversion document.

3. Please indicate the marital status of the child's parents:
   - Father: __________________________
   - Mother: __________________________

4. Is your child adopted? _______ Yes _______ No
   If yes, did he/she undergo a conversion to Judaism? _______ Yes _______ No
   If yes, please supply the details and a copy of the conversion document.

Name of Child (please print): ____________________    ________________________
   First name    Last name

Signed: _________________________________ ________________________
   Father       Date
   _________________ ___________________________
   Mother       Date

Phone Number: _______________________________
CHILD'S NAME ___________________________________________ LAST FIRST MI
SEX: MALE □ FEMALE □ BIRTHDATE __________ / ________ / ________

PARENT NAME __________________________________________ PHONE NO. _____________________________
OR GUARDIAN ADDRESS __________________________________________ CITY _______________________ ZIP ________

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

<table>
<thead>
<tr>
<th>Dose #</th>
<th>DTP-DTaP- DT</th>
<th>Polio</th>
<th>Hib</th>
<th>Hep B</th>
<th>PCV</th>
<th>Rotavirus</th>
<th>MCV</th>
<th>HPV</th>
<th>Dose #</th>
<th>Hep A</th>
<th>MMR</th>
<th>Varicella</th>
<th>History of Varicella Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>5</td>
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<td></td>
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</tr>
</tbody>
</table>

To the best of my knowledge, the vaccines listed above were administered as indicated.

1. ___________________________________________ Title __________________________ Date __________________________
   (Medical provider, local health department official, school official, or child care provider only)

2. ___________________________________________ Title __________________________ Date __________________________

3. ___________________________________________ Title __________________________ Date __________________________

Lines 2 and 3 are for certification of vaccines given after the initial signature.

COMPLETE THE SECTION BELOW IF YOU ARE APPLYING FOR A MEDICAL EXEMPTION TO ALL OR SOME VACCINATIONS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

PLEASE NOTE: MEDICAL EXEMPTION REQUESTS MUST BE REVIEWED BY THE SCHOOL BEFORE ACCEPTANCE.
TORAH SCHOOL DOES NOT ACCEPT RELIGIOUS EXEMPTIONS TO VACCINATION.

MEDICAL CONTRAINDICATION:
Please check the appropriate box to describe the medical contraindication.
This is a: □ Permanent condition OR □ Temporary condition until _______/_______/_______

Date

The above child has a medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication: ___________________________________________

Signed: ___________________________________________ Date __________________________

Medical Provider / LHD Official
How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except varicella, measles, mumps, or rubella.

2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.

3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td) OR measles, mumps, and rubella (MMR).

4. Blood test verification of immunity is acceptable in lieu of polio, hepatitis B, or varicella vaccination dates, but revaccination may be more expedient.

5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

(1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
(2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
(3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.’’

Please refer to the “Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs” guideline chart are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)
## PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

<table>
<thead>
<tr>
<th>Student’s Name (Last, First, Middle)</th>
<th>Birthdate (Mo. Day Yr.)</th>
<th>Sex (M/F)</th>
<th>Name of School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Number, Street, City, State, Zip)</th>
<th>Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Parent/Guardian Names**

Where do you usually take your child for routine medical care?  
Name:  
Address:  
Phone No.:  

When was the last time your child had a physical exam?  
Month:  
Year:  

Where do you usually take your child for dental care?  
Name:  
Address:  
Phone No.:  

### ASSESSMENT OF STUDENT HEALTH

To the best of your knowledge has your child any problem with the following? Please check

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Allergies (Food, Insects, Drugs, Latex)
- Allergies (Seasonal)
- Asthma or Breathing Problems
- Behavior or Emotional Problems
- Birth Defects
- Bleeding Problems
- Cerebral Palsy
- Dental
- Diabetes
- Ear Problems or Deafness
- Eye or Vision Problems
- Head Injury
- Heart Problems
- Hospitalization (When, Where)
- Lead Poisoning/Exposure
- Learning problems/disabilities
- Limits on Physical Activity
- Meningitis
- Prematurity
- Problem with Bladder
- Problem with Bowels
- Problem with Coughing
- Seizures
- Serious Allergic Reactions
- Sickle Cell Disease
- Speech Problems
- Surgery
- Other

Does your child take any medication?  
No  Yes  Name(s) of Medications:  

Is your child on any special treatments? (nebulizer, epi-pen, etc.)  
No  Yes  Treatment  

Does your child require any special procedures? (catheterization, etc.)  
No  Yes  

Parent/Guardian Signature  
Date:  

---

Maryland Schools - Record of Physical Examination  
Revised 12/04
PART II - SCHOOL HEALTH ASSESSMENT
To be completed ONLY by Physician/Nurse Practitioner

<table>
<thead>
<tr>
<th>Student’s Name (Last, First, Middle)</th>
<th>Birthdate (Mo. Day Yr.)</th>
<th>Sex (M/F)</th>
<th>Name of School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Does the child have a diagnosed medical condition?
   No       Yes
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is at school? (e.g., seizure, insect sting allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE. Additionally, please “work with your school nurse to develop an emergency plan”.
   No       Yes
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Are there any abnormal findings on evaluation for concern?

<table>
<thead>
<tr>
<th>Evaluation Findings/CONCERNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam</td>
</tr>
<tr>
<td>WNL</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>Head</td>
</tr>
<tr>
<td>Eyes</td>
</tr>
<tr>
<td>ENT</td>
</tr>
<tr>
<td>Dental</td>
</tr>
<tr>
<td>Respiratory</td>
</tr>
<tr>
<td>Cardiac</td>
</tr>
<tr>
<td>GI</td>
</tr>
<tr>
<td>GU</td>
</tr>
<tr>
<td>Musculoskeletal/orthopedic</td>
</tr>
<tr>
<td>Neurological</td>
</tr>
<tr>
<td>Skin</td>
</tr>
<tr>
<td>Endocrine</td>
</tr>
<tr>
<td>Psychosocial</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

   REMARKS: (Please explain any abnormal findings.)

4. RECORD OF IMMUNIZATIONS – DHMH 896 is required to be completed by a health care provider or a computer generated immunization record must be provided.

5. Is the child on medication?  If yes, indicate medication and diagnosis.
   No       Yes
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   (A medication administration form must be completed for medication administration in school).

6. Should there be any restriction of physical activity in school?  If yes, specify nature and duration of restriction.
   No       Yes
   ____________________________________________________________
   ____________________________________________________________

7. Screenings
<table>
<thead>
<tr>
<th>Tuberculin Test</th>
<th>Results</th>
<th>Date Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI %tile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To be completed **ONLY** by Physician/Nurse Practitioner

(Child’s Name) _________________________________________________ has had a complete physical examination and has

9 no evident problem that may affect learning or full school participation problems noted above

_____________________________________________________________________________________

Additional Comments:

<table>
<thead>
<tr>
<th>Physician/Nurse Practitioner (Type or Print)</th>
<th>Phone No.</th>
<th>Physician/Nurse Practitioner Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
REQUEST FOR TRANSFER OF RECORDS

Please mail this to the previous educational institution that your child attended.

__________________________
Date

__________________________
Name of School

__________________________
Address

__________________________
City, State, Zip code

To Whom It May Concern:

Please release all educational, medical, and/or psychological records regarding my child, ________________________________, to:

Torah School of Greater Washington
Attention: Registrar
2010 Linden Lane
Silver Spring, MD, 20910

I give permission to the administrators and staff of ________________________________ to give written and verbal evaluations of my child to the administrators and staff of the Torah School.

Thank you.

Sincerely,

__________________________
Parent’s Signature