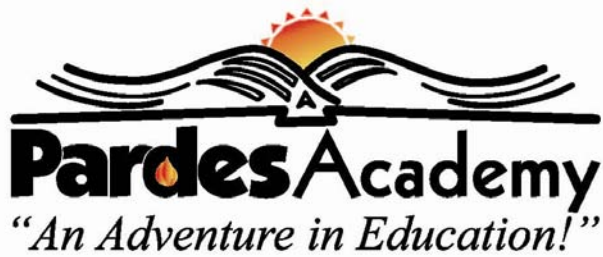


Student Application

5768 / 2007-2008



Please read all instructions carefully before completing this form. Return the completed application form together with the application fee to: Aish Tamid, PO Box 48885A, Los Angeles, CA 90048.

Applicant Data

Student Name _____

Birthdate ____ / ____ / ____ *Age* _____ *Grade Entering:* _____

Home Address _____

Home Phone _____ *Cell Phone* _____

High School Last Attended: _____

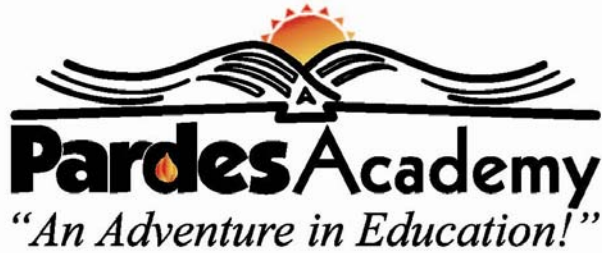
Please list all high schools attended. _____

Siblings:

Names:

School:

Grade:



Parent Data

Father: Name: _____

Address _____

Home Phone: _____ Email: _____

Cell Phone: _____ Work Phone: _____

Employment:

Father's Occupation: _____ Employer: _____

Address: _____

Mother: Name: _____

Address _____

Home Phone: _____ Email: _____

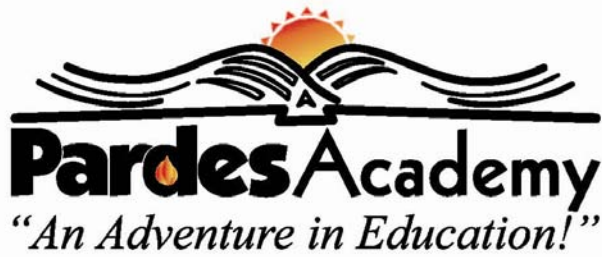
Cell Phone: _____ Work Phone: _____

Employment:

Mother's Occupation: _____ Employer _____

Address: _____

Parent's Marital Status: Married Separated Divorced



Medical Information

Please note that any medical information given here will remain fully confidential.

Please list any diagnosed mental or physical illness: _____

Name of Treating Physician: _____ Phone: _____

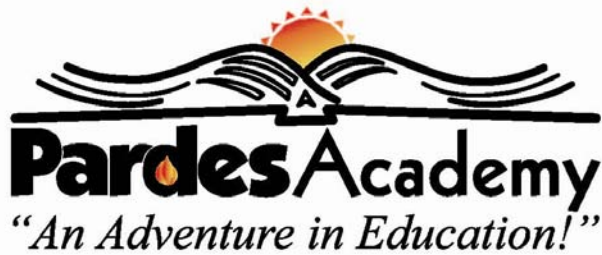
Does your son have any prescribed medications? _____

If yes, please describe: _____

Does he take the medications regularly? _____

Does your son have any illness or medical condition that would prevent him from partaking in the Pardes Academy Curriculum?

Is there any further information we should be aware of? _____



FEE LIST

In consideration of the enrollment of my child in the Aish Tamid Pardes Academy for the school year of 5768, 2007-2008, I agree to the payment of the following charges:

1) Registration	\$500.00 (\$360 if submitted before August 1)
2) Book Fee	\$200.00
3) Trip Fee	\$1,000.00
4) Tuition Fee	\$20,000.00
5) Security Deposit	\$750.00 (refundable at end of school year)
6) Building Fund Fee	\$1,000.00
7) Aish Tamid/MASK	(Please see MASK Agreement below)-CC to be charged if missed

SCHOLARSHIP REQUEST:

Families requesting tuition assistance must fill out this portion and return it to the office by August 10, 2007 with **all the required forms and checks** other than tuition in order to be considered for a scholarship.

Please check here if you will be applying.

Family Name: _____ Phone: _____ Best time to Call: _____

The Aish Tamid Pardes office will set up an appointment with you to meet with the tuition committee.

PAYMENT:

Payment and/or payment arrangement must be submitted with your application in order to be considered.

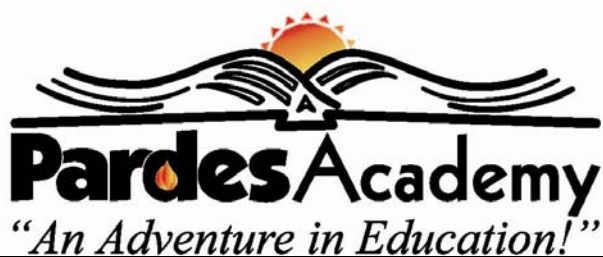
Payment Options:

1) Head Checks: [] 10 Monthly [] Quarterly [] Semi-annually

2) Credit Card: Card number _____; Exp. Date _____

Amount to be Charged Monthly: \$ _____ Card Type: _____

Please note that there will be a 3% surcharge fee each time the credit card is run to cover all applicable fees.



PARDES MASK PARENT AGREEMENT

I understand that Pardes Academy is a program committed to helping my child learn and grow. ***As a parent, I am committed to the long-term development of my child. By signed this agreement, I attest that I (and/or my spouse) will regularly attend the weekly Aish Tamid/MASK Parent Forum meetings.***

I understand that as a parent, I too play a critical role in my child's education and am committed to working alongside Pardes Academy to benefit my child.

* AISH TAMID/MASK PARENT FORUM IS A **FREE** SERVICE. However, to ensure that parents are in collaboration with the Pardes Academy team we require a credit card number to be on file. If, a parent fails to attend the Parent Forum they will be fined and charged \$20 per missed session.

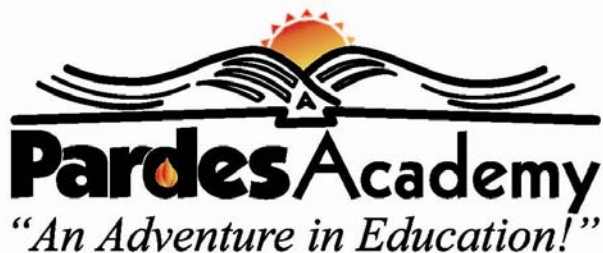
CC# _____ EXP. _____

Please check the type of card:

VISA__ MASTERCARD__ DISCOVER__ AMERICAN EXPRESS__

I hereby agree to the above terms of this contract, and that all information contained in this application is complete, accurate, and prepared to the best of my ability.

Signature of Parent: _____ **Date:** _____



**DRUG TESTING PARENTAL CONSENT &
CONSENT TO SHARE WITH PARENT(S) OR GUARDIAN(S)**

Parent/Legal Guardian Section

I, _____ (parent or legal guardian), do understand that my minor child will be required to submit to testing for the presence of drugs, and my consent is hereby given for my minor child to be tested by Aish Tamid of Los Angeles and/or Pardes Academy and described by this form. I understand that Aish Tamid of Los Angeles and/or Pardes Academy Policy is available for my review by contacting the Aish Tamid Office at 5909 W. 3rd Street, Los Angeles, CA 90036 or calling (323-634-0505) or emailing pardes@aishtamid.org to request a copy.

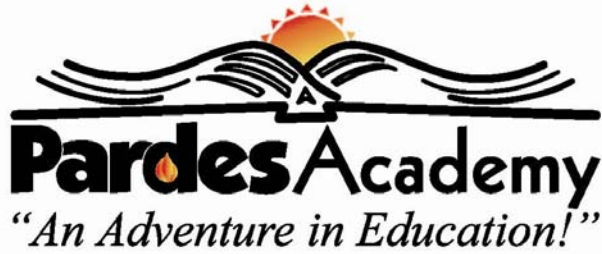
I also understand that my minor child will be subject to all provisions, conditions and procedures of the Policy. I understand that testing pursuant to the Policy will not create a physician-patient relationship between my minor child and the Aish Tamid of Los Angeles and/or Pardes Academy, or any person performing a drug test, solely by the establishment of a drug testing program.

I understand that test results, written or otherwise, received through Aish Tamid of Los Angeles and/or Pardes Academy's testing program shall be kept confidential, and, without consent, may only be released to those persons and in those instances provided in Aish Tamid of Los Angeles and/or Pardes Academy Policy. Further, I understand that any and all test results shall be the property of Aish Tamid of Los Angeles and/or Pardes Academy.

I understand that I will be entitled to be informed, upon written request and confirmation of identity, of any test results by Aish Tamid of Los Angeles and/or Pardes Academy performed upon my minor child pursuant to the Policy.

Applicant Section

I, _____ (applicant), do understand that I may be required to submit to testing for the presence of drugs, and my consent is hereby given for the release of such testing results to my parent(s) or legal guardian(s) in addition to those instances and person provided for by the Policy. I understand that my parent or legal guardian's consent for me to submit to testing is being sought, and is provided with his or her signature below. I understand that Aish Tamid of Los Angeles and/or Pardes Academy Policy is available for my review by contacting the Aish Tamid Office at 5909 W. 3rd Street, Los Angeles, CA 90036 or calling (323-634-0505) or emailing pardes@aishtamid.org to request a copy.



**DRUG TESTING PARENTAL CONSENT &
CONSENT TO SHARE WITH PARENT(S) OR GUARDIAN(S)**

I also understand that I will be subject to all provisions, conditions and procedures of the Policy. I understand that testing pursuant to the Policy will not create a physician-patient relationship between me and Aish Tamid of Los Angeles and/or Pardes Academy, or any person performing a drug, solely by the establishment of a drug testing program.

I understand that test results, written or otherwise, received through Aish Tamid of Los Angeles and/or Pardes Academy's testing program shall be kept confidential, and, without consent, may only be released to those persons and in those instances provided in the Aish Tamid of Los Angeles and/or Pardes Academy Policy. Further, I understand that any and all test results shall be the property of Aish Tamid of Los Angeles and/or Pardes Academy.

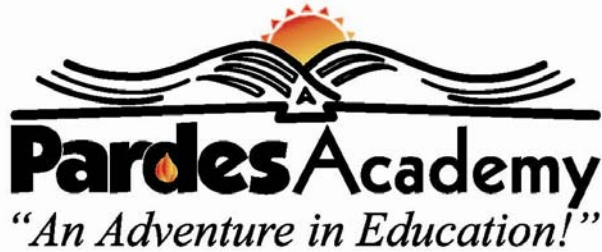
I understand that my parent(s) or legal guardian(s) will be entitled to be informed, upon written request and confirmation of identity, of any test results by Aish Tamid of Los Angeles and/or Pardes Academy performed upon me pursuant to the Policy and consent to such release of results.

Date

Date

Parent/Legal Guardian Signature

Applicant Signature



LEGAL RELEASE OF LIABILITY FORM

1. In the event my child, _____, attend Pardes Academy in 2006-2007, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my child's participation in the Pardes Academy activities. This release is intended to discharge in advance Pardes Academy and all its agents, representatives, volunteers and employees from any and all liability, claims, costs, expenses, and/or damages (collectively referred to as liability) arising out of our or connected in any way with my child's participation in the activities of the program, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

2. I further understand that serious accidents occasionally occur during activities, and that participants in these activities may sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release, indemnify and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to my child or to me (or my heirs or assigns) for damages.

3. I further agree to indemnify and hold harmless Pardes Academy and all of its agents, representatives, volunteers and employees, in the event any other person or entity, other than the undersigned, brings an action for the death or personal injuries of my child, _____, as a result of my child's participation in the program's activities.

4. In case of medical and/or surgical emergency, I authorize Pardes Academy staff to render to my child and to arrange for him to receive any X-rays, anesthetic, medical, dental, surgical diagnosis, blood transfusions, treatment and hospital care which is deemed advisable by and is rendered under, the supervision of any physician, dentist, surgeon or other medical provider licensed to practice in the state of California.

5. I agree that Aish Tamid & Pardes Academy staff is not responsible for any injuries or other legal or non-legal consequences that may arise and is hereby released of any and all liability if my son, _____, does not follow clear instructions, including but limited to, immediately leaving an activity area, park, hike, or any other location.

6. I understand that Aish Tamid & Pardes Academy staff will depart any location without my son, _____, if he fails to comply, cooperate and follow clear instructions to board the van to leave and I release Aish Tamid & Pardes Academy staff from all responsibility & liability related to my child from the moment that they depart from a location.

7. I understand and release Aish Tamid & Pardes Academy from any injuries or other legal or non-legal consequences that may arise if my son, _____, voluntarily leaves the group without permission and cannot be found.

8. All information is correct so far as I know, and the child herein described has permission to engage in all prescribed program activities, except as noted by me and the examining physician.

Parent Signature: _____ **Date:** _____