

B"H

**Cheder Tzeirei Hashluchim at the Ohel • חדר צעירי השלוחים שע"י הציון הק'**

440 Albany Avenue • Brooklyn, NY 11213/ 224-12 Francis Lewis Blvd. • Cambria Heights, NY 11411

Telephone: 718.483.9527 • Fax: 718.483.9529 • Email: chederohel@gmail.com

**Application for School year 5768-5769**

**Student information:**

English spelling of: Last Name: Geisinsky First Name: Shuey SSN: \_\_\_\_\_

Hebrew spelling of: Last Name ג׳ײסינסקי First Name שׁוּ׳עי Middle Name(s) שׁוּ׳ע׳י

Grade entering 1 Age 6 Date of Birth - English 8/30/02 DOB - Hebrew 18/8/84/א׳׳ב

Address 234 Washington ave City Cedarshurst State NY Zip 11516

Does your child understand Yiddish? Yes \_\_\_\_\_ No X

**For out-of-town students (Grades 6-8 only):**

Would you be interested in sending your son to the dormitory in Crown Heights? Yes \_\_\_\_\_ No \_\_\_\_\_

*To maximize the effectiveness of the Cheder, it is highly recommended that your child be part of the dormitory.*

Parent information: Please indicate: X Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separate \_\_\_\_\_

Hebrew spelling of: Father's Name(s) דודו ג׳׳א Mother's Name(s) דודי

Hebrew Education of: Father Semicha Mother Seminary

Home Telephone 516-792-6385 Fax 516-295-7840 Email Meicanddas @optonline.net

Father's work: Occupation PIE Business name: \_\_\_\_\_

Address 741 maple ave Telephone 516 295-2478 Cellular 516 458-3833

Mother's work: Occupation PIE Business name: \_\_\_\_\_

Address " " Telephone " " Cellular 516-458-3694

Misc.: How many children in family under age 20? 6 How many are enrolled in school? 5

Schools other children attending? IAG, Gan chamesh (our preschool)

**Please describe any ongoing issues that your son may have, e.g. medical, social, emotional, scholastic etc.**

is a bright boy, enjoys learning and art.

**Please Note:** It is in the student's best interest that there is full disclosure regarding any issues pertaining to the student's well being. The Cheder cannot be held responsible for any problems that occur due to information that was withheld. Clear communication is vital to a student's success in the Cheder.

I give my son permission to go on all school trips and, on occasion, for the school to send my child home alone (after notice) by "ohel bus" or a car service deemed appropriate by Cheder. I also give my consent for Cheder to provide medical treatment for my son, if necessary.

Please make sure you have filled out form completely before signing it and sending it in to Cheder.

Parent's Signature: [Signature] Date 8/13/08

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**Prior school information:**

**Please provide your son's school information of the past 2 years.**

*Lowc pre-school*

Name of School Gan Chaimesh Grade K Primary Teacher Etael Morowitz

Teachers Home Phone Number \_\_\_\_\_ Teachers Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Principal Susy Adler School Telephone Number 516 295-2479

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Primary Teacher \_\_\_\_\_

Teachers Home Phone Number \_\_\_\_\_ Teachers Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Principal \_\_\_\_\_ School Telephone Number \_\_\_\_\_



**Please list the summer program that your son has attended the past summer:**

Name of Camp Gan Isaac Location Chabad 5 Towns Year \_\_\_\_\_

Name of Counselor \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Learning Teacher \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Please list the summer program that your son will attend this summer:**

Name of Camp \_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_

*Please enclose a copy of your son's report cards from the last two years.*