

Dear Parents,

Thank you for your interest in the Malibu Hebrew High, for students in grades 8-12. We are delighted to once again be a subdivision of the Conejo Hebrew High for the 2012-2013 academic year. The school has earned a well-deserved reputation for its Hebrew language program and "family feeling". The Malibu program will continue to run as an off-site extension of the Conejo campus, benefitting from their teachers, curriculum and years of experience.

We are delighted to welcome back our Hebrew instructor, Orly Godliman. She is a dedicated teacher; always there to assist you and your child with their Hebrew education.

We've attempted to address most of your questions on the next page (Frequently Asked Questions) but just in case we've missed something, please don't hesitate to give us a call or email. I can be reached at 310-456-6588, extension 6 or at Nuchie@JewishMalibu.com.

Please take a moment to familiarize yourself with our program. We are excited about the opportunities that lie ahead for your teenager as we embark on this new venture.

We hope this relationship will be a meaningful and nurturing experience for you and your child.

Sincerely,
Rabbi Schapiro

CONEJO HEBREW HIGH ~ F.A.Q.s



Where are the classes held?

The Malibu classes will be held at Chabad of Malibu, located at 22943 Pacific Coast Highway.

Is this program accredited for Foreign Language Credits?

Yes! We are a WASC accredited school.

Do all the high schools accept our program?

Yes! However you must first speak to your child's counselor. They will give you a Foreign Language Form to fill out and we will sign it as well. It is your responsibility to make the arrangements with the high school and get their authorization. **Your child's school will not accept the transcript without their prior authorization.**

How does the high school receive my child's grades?

They are mailed directly to the high school from our main office.

What if my child cannot attend every class due to sports or other activities?

Hebrew High is a serious program and consistent attendance is key to your child's success. If your child is involved in sports or other activities, please speak to the CHH Director to determine if this is the right program to be joining. Poor attendance has an adverse affect on the final grade and the ability to receive language credits.

What if my child doesn't read Hebrew?

Our school offers dual English/Hebrew tracks and multiple levels in Hebrew instruction. After we receive your enrollment form, we will contact you to set up an interview to help determine proper placement. A basic Hebrew reading class is offered from September thru December. After that time, it is the student's responsibility to engage private tutors (if necessary) to work on the reading skills.

Is this a language program or Judaic studies program?

The CHH is a language program with very defined objectives for our students. (Please see our ESLR's on the following page.) In our Classical Biblical text class, students will be exposed to the classical Hebrew language, themes and concepts of the Torah and Tanach.

Is there a lot of homework?

We are cognizant of the amount of homework that the students receive from their school. There will be limited homework in Hebrew language. Most of the time, the homework will consist of reviewing skills that were learned during class. On occasion, special projects will be assigned that will require further research.

OUR MISSION STATEMENT

The mission of the Conejo Hebrew High School is to provide Hebrew language education for high school students, grades 8– 12 in the Conejo Valley. The underlying philosophy of the CHHS is that learning leads to wisdom, understanding and faith. The school's purpose is to teach modern and ancient Hebrew language in a stimulating and invigorating learning environment. Our methodology emphasizes personal responsibility, respect for others, the value of education, and the importance of Jewish heritage.

EXPECTED SCHOOL-WIDE LEARNING RESULTS (ESLRs)

The Conejo Hebrew High prepares its students to be:

Academic Achievers who can perform with self-confidence and demonstrate:

- The ability to recognize and sound out all Hebrew letters and vowels.
- The ability to read Hebrew fluently without vowel markings.
- The ability to write Hebrew cursive (which differs in appearance from the printed “block font” that is used in books, newspapers etc.).
- The ability to speak and write correctly using proper grammar.
- The ability to read and translate stories and news articles.
- The ability to write reports and summaries on the above stories and news articles.
- Familiarity with at least 250 Hebrew words or phrases.
- Familiarity with the names of 10–15 ancient and contemporary Hebrew writers.

Growing Young Adults who:

- Recognize that success can be measured by the effort exerted.
- Strive to reach their own individual potential, based upon their strengths and weaknesses.
- Show commitment to help other students.
- Take responsibility for their work and actions.
- Understand that success in life is measured not only academically, but also by one's individual talents and interpersonal relationships.
- Display tolerance towards other cultures, races, and the disadvantaged.

Community-minded citizens who:

- Enjoy a high level of self-esteem and pride as a result of their association with the Chabad community and beyond.
- Develop a high regard for the Jewish religion, its history, the land of Israel, and the freedoms that we often take for granted in the United States.
- Develop an appreciation and respect for the world we live in, the environment and humanity at large.

CURRICULUM

Students will participate in a class on **MODERN HEBREW** that focuses on oral proficiency and comprehension, verb conjugation, grammar and cursive writing. We offer separate Hebrew and English speaking tracks. After we receive your enrollment form, you will be contacted to set-up an interview so that we can place your child in the appropriate level.

Students also participate in **CLASSICAL BIBLICAL TEXT STUDY**. This course includes analysis of texts culled from the Five Books of Moses, the Mishna (Jewish Law); and Pirkei Avot (Ethics).

Our instructors work closely together to present a curriculum that is both stimulating and thought provoking. Classical texts come to life as students are encouraged to compare them to contemporary Hebrew language, while at the same time, discovering their deeper meanings and relevance to our day and age.

SCHEDULE & LOCATION FOR MALIBU

Sunday 10:00am–12:30pm – There is a short break between classes.
Classes are held at Chabad of Malibu, 22943 Pacific Coast Highway,
Malibu,

SCHEDULE & LOCATION FOR CONEJO/AGOURA

MID-WEEK PROGRAM

Monday 3:45–6:15

Wednesday 3:45–6:15

SUN/WED PROGRAM

Sunday 9:45–12:15

Wednesday 3:45–6:15

There is a short break between classes. Classes are held at the new Center for Jewish Life, 30347 Canwood Street in Agoura Hills, (adjacent to our old school).

It is the responsibility of the student and parent to have the Foreign Language Form filled out correctly and signed by the counselor of your high school. Students can be denied credit by the district if the form is turned in late.

Please attach a copy of the student's most recent report card from high school.

CONEJO HEBREW HIGH

Business Office: 2524 Townsgate Road, Suite H ♦ Westlake Village, CA 91361 ♦ (805) 557-1555

Application For Admission ~ 2012-2013

Enrollment is for: ☐ **Malibu Branch** ☐ Sundays only

☐ **Conejo Branch** Enrollment is for: ☐ Monday & Wednesday ☐ Sunday & Wednesday

STUDENT INFORMATION

Name _____
Last Name First Name Middle Name Hebrew Name

Address _____
Number & Street City Zip

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

The Student lives with ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

☐ M ☐ F Date of Birth _____ Entering Grade _____
Month - Day - Year as of Sept. 2012

Public School _____
Name of School District

The Student has ☐ not attended ☐ attended a program similar to **CONEJO HEBREW HIGH** for _____ years

Synagogue Affiliation _____

Hebrew/ Day School (most recently attended) _____
Name Attended until Years completed as of June 2012

To the best of your ability, please rate the student's knowledge of the Hebrew language:

Reading: ☐ no prior knowledge ☐ some prior knowledge ☐ fair ☐ good ☐ excellent

Comprehension: ☐ no prior knowledge ☐ some prior knowledge ☐ fair ☐ good ☐ excellent

Cursive writing: ☐ no prior knowledge ☐ some prior knowledge ☐ fair ☐ good ☐ excellent

How did you hear about **CONEJO HEBREW HIGH**: ☐ Newspaper Ad ☐ Friend ☐ Principal ☐ Flyer

☐ High School/Jewish Club ☐ Synagogue _____ ☐ Other _____

Please mail your completed Application, Medical Release Form and Payment to:
Conejo Hebrew High: 2524 Townsgate Road - Suite H, Westlake CA 91361, ♦ (805) 557-1555

PARENT INFORMATION

MOTHER'S Name _____
Title (Ms. Mrs. Dr.) Last Name First Name Hebrew Name

Address _____
If different from Student's Address

Phone _____
Home Work Cell Fax

Marital Status ☐ Married to the Father ☐ Re-Married ☐ Separated ☐ Divorced ☐ Widowed

Occupation _____ **E-Mail** _____

FATHER'S Name _____
Title (Mr. Dr.) Last Name First Name Hebrew Name

Address _____
If different from Student's Address

Phone _____
Home Work Cell Fax

Marital Status ☐ Married to the Mother ☐ Re-Married ☐ Separated ☐ Divorced ☐ Widowed

Occupation _____ **E-Mail** _____

(We ask for email addresses to communicate with you and your child in the most effective and economical way. Your address will not be used for other purposes)

FAMILY INFORMATION

Student is a ☐ Kohen ☐ Levite ☐ Israelite ☐ Not sure

Were the student's natural parents born Jewish? Mother: ☐ Yes ☐ No Father: ☐ Yes ☐ No

If no, please explain _____

Have there been any conversions or adoptions in the family? ☐ Yes ☐ No

If yes, please explain _____

Are you interested in carpooling? ☐ Yes ☐ No If yes, may we give your phone & address to other parents?
☐ Yes ☐ No

Please mail your completed Application, Medical Release Form and Payment to:
Conejo Hebrew High: 2524 Townsgate Road - Suite H, Westlake CA 91361, ♦ (805) 557-1555

Tuition Fees for School Year 2012-2013

Malibu – 1 class per week
Registration Fee (non-refundable) \$150
Tuition \$1050
TOTAL \$1200

Conejo/Agoura – 2 classes per week
Registration Fee (non-refundable) \$250
Tuition \$2149
TOTAL \$2399

TUITION ~ OPTION #1

☐ Pay full amount upfront with check, cash or cc ☐ Pay monthly via credit card.

Please charge my credit card: ___ VISA ___ MC ___ AMEX

Name on card _____

Card # _____ Exp _____ 3 digits on back _____

Address where credit card bill is sent to: _____

TUITION ~ OPTION #2

Enroll with F.A.C.T.S. Management program for the payment plan of your choice.
Please log onto www.factsmgt.com to learn more. If you choose Option 2, we will send you an application.
Enrollment in CHH is not final until arrangements have been finalized with F.A.C.T.S.

In the event a student leaves before the end of the school year, the Conejo Hebrew High reserves the right to withhold the non-refundable deposit, book fee and a pro-rated portion of the tuition. Students leaving after January 15, 2013, or students who are dismissed from the program due to non-compliance with CHH rules, will not receive any refund.

TERMS OF AGREEMENT FOR SCHOOL ENROLLMENT

I have completed the Application form and have enclosed my non-refundable deposit as well as a copy of my child's most recent report card from school. I have chosen OPTION ☐ 1 OPTION ☐ 2 for my tuition payments. I understand that it is my responsibility to make the necessary arrangements with the high school to ensure proper credit at the end of the school year and that credits will not be awarded to students who have not fulfilled the school's requirements or are delinquent on their tuition payments. I hereby give permission to the CHH to use my child's photo in its publicity materials.

SIGNATURE OF PARENT / GUARDIAN

DATE

Please mail your completed Application, Medical Release Form and Payment to:
Conejo Hebrew High: 2524 Townsgate Road – Suite H, Westlake CA 91361, ♦ (805) 557-1555

MEDICAL & EMERGENCY INFORMATION — RELEASE FORM

STUDENT _____ ☐ M ☐ F
Last Name First Name Middle Initial Birthdate Height Weight

Home Address: _____
Number & Street City Zip

MOTHER: _____
Title (Ms. Mrs. Dr.) Last Name First Name

Phone _____
Home Work Cell

FATHER: _____
Title (Mr. Dr.) Last Name First Name

Phone _____
Home Work Cell

PHYSICIAN: _____
Name Phone

EMERGENCY CONTACT 1: _____
Name Relation Phone

EMERGENCY CONTACT 2: _____
Name Relation Phone

MEDICAL INSURANCE: _____
Company Name Policy# / Medical Record# (Kaiser only) Group#

Please list all existing medical conditions of special concern including but not limited to allergies to medication:

Please inform us of any physical learning challenge or disability: _____

I hereby give permission to my child to participate in all CHH programs, activities and events and do release CHH and its representatives from all liability arising out of my child's participation in such activity. In addition, I the undersigned parent/guardian of the above child, do further certify that my child is physically able to participate in such activity and hereby authorize CHH and its authorized representatives as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is to be rendered under the general or specific supervision of any licensed physician (under the provision of the California Medicine Practice Act) or the staff of a licensed hospital, whether such diagnosis, examination or treatment is rendered at the office of said physician, or at such hospital. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of our above named agents to give specific consent to any and all such examinations, diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I have read and fully agree to the medical / liability release form above:

SIGNATURE OF MOTHER / GUARDIAN

DATE

SIGNATURE OF MOTHER / GUARDIAN

DATE