

Bnos Rabbeinu High School



REGISTRATION CHECK LIST

Mrs. Tsyri Turen
Principal

HaRav Aharon Yaakov Schwei
Rabbinic Advisor

Rabbi Levi Goldstein
Mrs. Sara Labkowsky
Vaad HaChinuch

Rabbi & Mrs. Shalom Gurewicz
Rabbi & Mrs. Yaakov Karp
Rabbi & Mrs. Shmuel Mendelsohn
Parent Advisory Board

IN ORDER FOR YOUR APPLICATION TO BE PROCESSED, WE MUST RECEIVE THE FOLLOWING BY MAY 15TH: PLEASE SEND ALL MATERIALS TO 6237 N. WHIPPLE, CHICAGO, IL. 60659

- 1. COMPLETED APPLICATION & PERSONAL HISTORY FORM
- 2. SCHOOL TRANSCRIPTS
 - IN COMING 9TH GRADERS - 8TH GRADE TRANSCRIPT
 - TRANSFER STUDENTS - 8TH GRADE & ALL HIGH SCHOOL TRANSCRIPTS
- 3. APPLICATION EVALUATION SUMMARY GIVEN TO PRINCIPAL OR TEACHER (THIS CAN NOT BE COMPLETED OR SENT BY A PARENT)
- 4. CHUMASH & SICHOS LEVELS FORM
- 5. HEALTH EXAMINATION FORM - THIS MUST BE SIGNED BY THE DOCTOR AND PARENT
- 6. EMERGENCY INFORMATION & PERMISSION INFORMATION SIGNED BY PARENT
- 7. COPY OF BOTH SIDES OF YOUR INSURANCE PLAN'S MEMBERSHIP CARD (ALL STUDENTS MUST HAVE HEALTH INSURANCE IN ORDER TO ATTEND Bnos RABBEINU HIGH SCHOOL)
- 8. SIGNED TUITION CONTRACT AND HEADCHECKS/CREDIT CARD #
- 9. RECENT PICTURE
- 10. INTERVIEW DATE _____
- 11. \$50.00 APPLICATION FEE

3635 W. Devon * Chicago, Illinois 60659 * (773) 267-0770 * Fax: (773) 267-6107

Email: admin@Bnosrabbeinu.com

Fully Recognized by the State of Illinois Board of Education