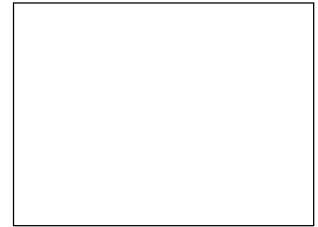




Orton-Gillingham - Fall 2015 TRAINING
COURSE - LEVEL I HEBREW
REGISTRATION FORM

Mail to: PDA/OHR HALIMUD
1681 42nd Street • Bklyn N.Y. 11204
718-972-0170 info@ohrhalimud.org



Current Photo Please

Completed registration form and application fee should be returned as soon as possible. Thank You.

(PLEASE PRINT CLEARLY)

Name _____ Social Security Number _____

Home Address _____ Date of Birth _____

Home Telephone _____ Fax _____

Cell Phone _____ E-mail _____

Employer _____ Employer Address _____

Employer Phone _____ Fax _____

How did you hear about this course? _____

QUALIFICATIONS: You may attach your resume or hand write your responses below:

A. EDUCATION: (LIST DEGREES, CERTIFICATES, ETC.) _____

B. RELEVANT EXPERIENCE _____

C. DO YOU CURRENTLY WORK AS A P3 PROVIDER YES _____ NO _____ DO YOU TAKE RSA'S YES _____ NO _____
IF SO, WHERE DO YOU WORK? IN SCHOOLS _____ PRIVATE OFFICE _____ OTHER _____

D. 2 LETTERS OF REFERENCE FROM PEOPLE WHO KNOW YOUR WORK

(These should be attached to an E-mail or mailed directly to Mrs. David at the above address.)

Name _____ Position _____

Name _____ Position _____

E. PERSONAL STATEMENT: Please attach a personal statement explaining your education philosophy or beliefs, and why you want to take this course. This statement maybe handwritten or typed.

F. HEBREW PROFICIENCY ASSESSMENT: Please complete and return the enclosed Hebrew Language Assessment with your application.

SEE REVERSE SIDE

COURSE FEES: Application Administration Fee: \$100.00

The application administration fee is required with this registration form.

No application will be considered without the application administration fee. Thank you.

Please make all checks payable to: OHR HALIMUD.

Course Fees-Please Check One:

A- I plan to do my practicum at Ohr HaLimud and I am applying for tuition assistance based on my qualifications.

I will be available for an interview and I understand that applying does not guarantee that I will be granted tuition assistance for the Orton-Gillingham HEBREW Teacher Training Program. Cost \$5,350 plus \$275 materials fee (less if approved for Tuition assistance). I am enclosing the non-refundable \$100.00 administration fee. I am aware that I will be required to pay a deposit of \$975.00 once I am accepted into the program.

Signature _____ Date _____

B- I plan to do my practicum privately and I am not applying for tuition assistance. Program Cost \$5,350 plus \$275

materials fee. I am enclosing the non-refundable \$100.00 administration fee. I am aware that I will be required to pay a deposit of \$975.00 once I am accepted into the program.

Signature _____ Date _____

C- I have taken Level 1 English Training at your Learning Center. I want to take the Hebrew Training at a cost of \$4,200 plus \$275 materials fee. I am I am not applying for tuition assistance.

Signature _____ Date _____

ALL APPLICANTS: Please read the information below very carefully.

Your signature denotes your acceptance of the following terms and conditions.

Minimum deposit and the administration fee of \$100.00 is required to be presented with this registration form.

Please make all checks payable to OHR HALIMUD.

Cancellation without penalty will be accepted up to two weeks before the first session. Cancellations after that date will be subject to additional administrative fees. Refunds for course withdrawal will be pro-rated and subject to administrative and materials fees. Payment may be arranged on an installment plan. **Please contact our Learning Center to discuss dates and amounts. 718-972-0170 ext. 113**

Participants are expected to arrive promptly and complete all assignments. Excessive absence will be grounds for denial of course completion certificate and denial of recommendation to the Academy.

Signature _____ Date _____

Administration:

DEP

SCH/AMT

REF

MISC

TEST

"We believe every child has the right to learn to read."

Tuition Assistance is granted through The Gruss Lipper (EGL) Family Foundation