

STANLEY M. LINTZ
VALLEY TORAH HIGH SCHOOL

12517 Chandler Blvd. • Valley Village, CA 91607 • (818) 505-7999 • fax (818) 505-7997 • vths@vths.org

Application for Admission & Enrollment Form 2010 — 2011

Student's Last Name	First Name	Middle Name	Hebrew Name	
Street			Telephone () -	
City		State	Zip	
Social Security Number	Date of Birth	Sex	Entering grade	
Father's: Title	First name	Last Name	Hebrew name	E-mail Address
Street				
City		State	Zip	
Home telephone () -	Business Telephone () -	Cell Phone () -	Father's occupation	
Mother's: Title	First name	Last Name	Hebrew name	Maiden name
Street				E-mail Address
City		State	Zip	
Home telephone () -	Business Telephone () -	Cell Phone () -	Mother's occupation	
Were there any conversions in the family? If yes, please attach a copy of the conversion certificate.				
If the student's parents are divorced, who has legal custody?				
Maternal Grandparents name & address				
Paternal Grandparents name & address				
Previous education (List all schools previously attended):				
Name of School	City	Dates of attendance		
Name of School	City	Dates of attendance		
Name of School	City	Dates of attendance		

(over please)

Family's synagogue affiliation		
Other children in family:		
Name	Age	School presently attending
Name	Age	School presently attending
Name	Age	School presently attending
Name	Age	School presently attending
Name	Age	School presently attending
Name	Age	School presently attending

I hereby apply for admission to Valley Torah High School. I understand that attendance at Valley Torah High School is dependent upon the maintenance of regular attendance and satisfactory work. Students are required to be familiar with and abide by all the rules and regulations of the school. Valley Torah High School reserves the right to require the withdrawal of any student at any time for disciplinary, academic or any other reasons it deems sufficient.

In order for Valley Torah High School to maintain its high standards, the school or Aleinu – Jewish Family Services may perform random or select alcohol and/or drug testing as well as a comprehensive assessment. I authorize Valley Torah High School or its agent to conduct a test on my child to detect alcohol and/or drug use. I also authorize the exchange of information concerning the results of such tests and assessments between Aleinu – JFS and VTHS as part of the city-wide Mandated Assistance Program.

I understand that if any payment to the school is returned unpaid by the bank, I will be charged a \$25 bounce fee. I understand that if I am delinquent in any payment to the school, report cards and/or transcripts may be withheld.

Signature of parent

Date

School Trip Authorization

I hereby authorize Valley Torah High School to provide transportation for my child to and from any school trip or function.

Signature of parent

Date

Off Campus Authorization

I hereby give permission for my child to walk off campus during breaks and free periods or permitted school time, and release Valley Torah High School of responsibility off school grounds.

Signature of parent

Date