

# OROT Enrollment Application

Please Print



Date: \_\_\_\_\_

**HOST SCHOOL Check one:**

- Caskey Torah Academy
- Perelman Jewish Day School
  - Forman  Stern
- Politz Hebrew Academy

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

Please provide below (or in an attachment) any information that the OROT teaching staff should know about your child, so that we will better understand your child's learning profile.

What specific instructional (or other) areas would you like the OROT program to cover?

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## Outside Support Services

Please respond if your child is receiving any extra support or outside services in any of the areas listed below. If your child is receiving private therapy, then please be sure to list the name of the therapist or other person providing the support or outside services and sign the Information Release Form to Contact Therapist/Doctor on page 4 of this application, thereby giving OROT permission to contact the therapist or other service provider.

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Occupational Therapy      Therapist/Contact Info      Times per week

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Speech Therapy      Therapist/Contact Info      Times per week

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Physical Therapy      Therapist/Contact Info      Times per week

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Behavioral Support      Therapist/Provider/Contact Info      Times per week

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Other (e.g., psychologist, tutoring, social skills, art therapy, music therapy, etc.)  
Therapist/Provider/Contact Info      Times per week

## Medications

If your child is taking medication, please list below the name of the medication, the dosage, and the frequency given.

Name of Medication	Dosage	Frequency Given



## OROT Application Signature Page and Information Release Form to Allow Host School to Share Information

Student's Name: \_\_\_\_\_

I verify that all the information provided in this application is true and correct to the best of my knowledge.

By signing below, I/we hereby give the host school listed on the first page of this application, permission to release and share with OROT all information and documents regarding medical information, psychological evaluations and reports, therapy services and other information and documents regarding my/our child named above.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date

**\* PLEASE NOTE: ALL APPLICATIONS MUST BE ACCOMPANIED WITH A \$100 NON-REFUNDABLE PROCESSING FEE\*** Send all documents to: **OROT**, 7601 Old York Road, Melrose Park, PA 19027



## Information Release Form to Contact Therapist/Doctor

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

School \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

Names of all therapists:

\_\_\_\_\_  
By signing my/our name below I/we hereby give the above therapists or providers of extra services to my/our child, permission to release the information requested by OROT regarding my/our child, named above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**OROT Financial Aid**

**Consent to Communicate with Host School (check one)**

- Caskey Torah Academy
- Perelman Jewish Day School
  - Forman  Stern
- Politz Hebrew Academy

Dear Parents:

If you are applying for financial aid for the OROT program, the OROT financial Aid Committee must be able to discuss your aid application with the Financial Aid Committee of your host school. The sharing of information is necessary in order for OROT to provide a tuition financial aid package that is equitable and meets the needs of our families.

Note that all inquiries regarding your financial aid application will remain confidential.

**Parent Name** (please print): \_\_\_\_\_

By signing this document, you agree and consent to the OROT financial Aid Committee communicating with your host school regarding your application for financial aid and sharing the information given to the host school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## OROT PHOTO/VIDEO PERMISSION SLIP

We request permission to photograph and video your child in the OROT classroom. The areas of use for these photographs and videos may include, but are not limited to:

- OROT Website
- OROT Chronicle
- OROT Publicity Materials
- OROT Event Materials (including but not limited to invitation, ad journal, and program)

Under NO circumstances will identification of any kind be used in conjunction with your child’s picture, such as child name or school name.

We are asking your permission for this privilege for the 2020-2021 school year ending August 31, 2021

**Name of Child:** \_\_\_\_\_

\_\_\_\_\_ I give my permission for my child to be photographed/videoed. I understand these photographs/videos may be used at the discretion of the OROT staff and Board of Directors until August 31, 2021.

\_\_\_\_\_ I DO NOT give my permission for my child to be photographed.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date