



Ohr Torah Cincinnati

Sibling Admissions Application 2020-2021 School Year

4131 Matson Ave.
Cincinnati,
OH 45236
513.351.1482

Dr. Chaviva
Randolph, Psy. D
Head of School

Thank you for your continued partnership with Ohr Torah Cincinnati!

Introduction

The Ohr Torah approach to Chinuch is wholesome, dynamic, nurturing and enriching, and is a great fit for many children. Our program follows closely to the words of Chazal: “Chanoch l’naar al pi darko” (educate a child according to his way). We work diligently to tap in to each child’s gifts, intelligences and leadership abilities. We strive to truly understand each child’s most effective learning methods and focus on strengthening all areas of their development. We continuously challenge students so that they internalize the message that “the greatest reward for overcoming a challenge is the opportunity to overcome the next challenge!” In doing this, our students are actively and continuously building their spiritual connection with Hakadosh Baruch and developing their personal greatness.

OTC is thrilled to be providing the following opportunities for the 2020-2021 school year:

- **Toddler Gan** - for children who are 21 months to 3 years, including children who are not yet potty trained.
- **Pre-Primary Program** - for children from three years old through Kindergarten. All children entering the Pre-Primary program must be fully toilet-trained to enter this program.
- **Lower Elementary Program** - for children ages 6-9 (grades 1-3).
- **Upper Elementary Program** - for children ages 9-12 (grades 4-6).
- **Middle School Program** - for children entering seventh grade.

Step 1: Application

Attached is our **Sibling Admissions Application**. Space at OTC is limited. **Priority consideration is given to Sibling Admissions Applications submitted on or by December 27th, 2019.** If you are interested in applying for admissions for a sibling, please complete the attached application for each new potential student.

Step 2: Child Visit

We will schedule a date for your child to spend time in an Ohr Torah classroom and meet one-on-one with an Ohr Torah Rebbe/Morah and/or administrator. This gives the child an opportunity to be captivated by the overall atmosphere and hands-on classroom materials, as well as providing the teacher an opportunity to learn about your child.

Step 4: Notification of Acceptance

We will notify you about your child’s acceptance to OTC shortly after your child’s visit.

Step 5: Enrollment

Upon acceptance to OTC, you will be provided with the Commitment to Enroll form to complete and submit, which includes a non-refundable \$500 enrollment fee that will be applied to your child’s tuition. **Deposits received are discounted to \$350 if you submit the Commitment to Enroll within a week of your child’s acceptance.**



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Step 6: Tuition Agreement

OTC will send out tuition agreements by early March, which include total tuition, activity fees and supply fees.

Step 7: EdChoice

The typical EdChoice application window is small, usually around 30 days. We will assist you with your EdChoice Geographic application. Once a student is enrolled, we will submit a scholarship application for the student through the secure online application system. For OTC to submit the application, parents must provide Ohr Torah Cincinnati with a copy of the student's birth certificate, a copy of current proof of address and the Scholarship Request Form.

Step 8: Financial Aid

Ohr Torah Cincinnati offers some financial aid administered through the FACTS Tuition Program.

Please let us know if you have any questions. We look forward to hearing from you!



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Student Information

| | | | |
|---------------------------|------------------|-----------|--------|
| Last Name: | Female | Male | |
| First Name: | Hebrew Name: | | |
| Nickname: | Preferred Name: | | |
| Date of Birth: / / | Hebrew Birthday: | | |
| Home Address: | | | |
| City: | State: | ZIP Code: | |
| Living with: Parents | Mother | Father | Other: |
| Languages spoken at home: | | | |
| Child's first language: | | | |

Program Application

Toddler Gan

- Todder, 21 months - 3 years old (8:30 am - 12:45 pm)
- Aftercare Option 1 (12:45 pm - 2:30 pm)
- Aftercare Option 2 (12:45 pm - 3:55 pm)

Pre-Primary

- 3 Year Olds (8:30 am - 12:45 pm)
 - Aftercare Option 1 (12:45 pm - 2:30 pm)
 - Aftercare Option 2 (12:45 pm - 3:55 pm)
- 4 Year Olds (8:30 am - 2:30 pm)
 - Aftercare Option 3 (2:30 pm - 3:55 pm)
- Kindergarten (8:30 am - 2:30 pm)
 - Aftercare Option 3 (2:30 pm - 3:55 pm)

Please indicate if you would be interested in talking to an OTC staff member about the Beforecare option offered from 7:45 am - 8:15 am: Yes No

Lower Elementary

- 1st Grade
- 2nd Grade
- 3rd Grade

Upper Elementary

- 4th Grade
- 5th Grade
- 6th Grade

Middle School

- 7th Grade

| | | |
|---|-----|----|
| Is child toilet trained (if Pre-Primary): | Yes | No |
| Current Grade: | | |
| How old will they be in August 2020 (include # of months): | | |
| Will you need to apply for financial aid: | Yes | No |
| If you currently live in Ohio, does your child currently receive an EdChoice Voucher: | Yes | No |



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Parent Information

Mother's Information

Mother's Last Name: _____ Dr. Mrs. Ms.

Mother's First Name: _____ Name goes by: _____

Home Address (if different from child's): _____

City: _____ State: _____ ZIP Code: _____

Occupation: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Preferred method of contact: _____

Father's Information

Father's Last Name: _____ Dr. Mr. Rabbi

Father's First Name: _____ Name goes by: _____

Home Address (if different from child's): _____

City: _____ State: _____ ZIP Code: _____

Occupation: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Preferred method of contact: _____

Please note that OTC often uses email for school-wide communication. Please provide us with the email address that you check most frequently.

Preferred number when contacting parents: Home Mother's Cell Father's Cell

Is one parent currently living out of state? Yes No If yes, who?: _____

Are parents separated or divorced? Yes No

If yes, who has legal custody? _____

If yes, to whom should tuition and financial correspondence be sent? _____

If yes, is parenting agreement attached? Yes No

If separated or divorced you will need to include a copy of your parenting agreement.

Sibling Information

Number of siblings in child's family: _____

| Sibling Name | Age | School Attending | Grade Level |
|--------------|-----|------------------|-------------|
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Name of sibling(s) currently enrolled at OTC:

Previous School Experience

Name of current school/program:

School address:

Phone number:

Name of principal/teacher:

Please list all schools previously attended including Day Care/Preschool:

| Name of School | City | Grade/Age | Phone number |
|----------------|------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Has your child ever repeated or skipped a grade? Yes No

If yes, what grade level was repeated or skipped:

Important to Know

Is there any medical information about your child that is important for the school to know? Yes No

If yes, please explain:

Does your child have any allergies? Yes No

If yes, please list the allergies and include a note from doctor that details what steps to take in case of accidental exposure:

Is there any special family circumstance? Yes No

If yes, please explain:

Are there any academic or learning accommodations that your child may need? Yes No

If yes, please explain:

Has your child ever been evaluated at a previous school? Yes No

Has your child ever been diagnosed with any medical, emotional or educational disability? Yes No

This information is confidential and will not be shared with any other individuals or organizations without your knowledge. Please understand that this information is essential to our overall understanding of your child so that we will be able to provide him/her with the most meaningful & quality education possible.



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More About You & Your Child...

How does your child learn best?

Does your child have any hobbies, sports, special interests and/or unusual capabilities or talents?

What goals do you have for your child's education?

Why do you want to send your child to OTC?

Is there other information you would like to tell us to better understand your child and/or your family?

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Parent Signature

Signature of Parent or Guardian

Date

Please return the completed application form to Ohr Torah Cincinnati by **December 27, 2019** or email the application to:

Erin Hill
Business Manager
ehill@ohrtorahcincinnati.org
513.599.4002

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