

Name : _____

E-Mail: _____

Parent E-Mail: _____

Classmate Request: _____

(**one** request per student, request must be reciprocal, and at discretion of the Education professionals.)

REGISTER FOR THESE PROGRAMS BY CIRCLING THE CORRESPONDING CREDITS TO BE EARNED:

	PROPOSED CREDITS TO BE EARNED			COMPLETED (Office Use)
Wednesday Night Program, 6 – 8 pm <i>4 credits per trimester (Circle One)</i>	4	8	12	<input type="checkbox"/>
Student Teaching 8 th -12 th grade only <i>(Full Year Commitment)</i>		6		<input type="checkbox"/>
Participation in Youth Group Activities <i>(3 or more events)</i> <i>7th/8th Youth Group or STIFTY (grades 9 -12)</i>		4		<input type="checkbox"/>
Social Action/ Tikkun Olam Projects <i>4 credits per project, spanning 6-8 weeks. (9-12 grade Literacy, 7-8 participates in Elder Care.)</i>	4	8	12	<input type="checkbox"/>

Additional Opportunities to Earn Credits:

Adult Shabbat Torah Study <i>(Minimum of 8 required)</i>	4	<input type="checkbox"/>
Tefillah (Prayer) <i>(Minimum of 8 required)</i> <i>8th/9th grade only</i>	4	<input type="checkbox"/>
Independent Jewish Study or Modern Hebrew taught Sundays	5	<input type="checkbox"/>
Equivalent Jewish Study	10	<input type="checkbox"/>
TOTAL CREDITS EARNED**	<input type="checkbox"/>	<input type="checkbox"/>

