

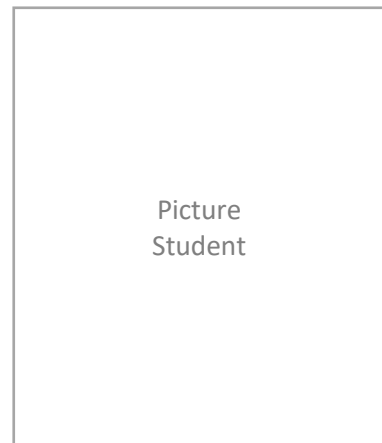
**Introduction**

A Jüdische Schule Noam (NOAM) education is open to every Jewish child, and should be accessible for every Jewish family. Students are admitted to the school when it is felt by the administration that the student can benefit from the school's program and that the school has a sufficient staffing and program capabilities to meet the needs of the child.

For our assessment we will kindly ask you to provide us with some necessary information. Please read the application form carefully. Please note that you might have to send in additional documentation. The admission process will only start once we receive all the requested documents.

Please feel free to contact our school office for any questions or inquiries +41 44 268 66 66.

Please return the application form and the enclosures to:  
Jüdische Schule Noam, Ms Corinne Held, Grütlistrasse 68, 8027 Zürich



**Student Information**

Surname.....

First name.....

First name Jewish (correct writing in Hebrew letters).....

Would you like your child to be called by his Jewish name during the Jewish Lessons?  yes  no

Address.....

Postal Code.....

Date of birth.....

Place of birth.....

Nationality.....

AHV-No (s. health insurance card).....

Mother tongue.....

Other language(s) oral / written

.....

.....

**Parent and Family Information**

| <b>Mother</b>  | <b>Father</b>  |
|--|--|
| same address as Father <input type="checkbox"/> yes <input type="checkbox"/> no  | same address as Mother <input type="checkbox"/> yes <input type="checkbox"/> no  |
| Full Name  | Full name  |
| Address  | Address  |
| Postal Code  | Postal Code  |
| Telephone home   | Telephone home   |
| Mobile number  | Mobile number  |
| May NOAM publish this Mobile number in the NOAM address book and to pass on to the parents? <input type="checkbox"/> yes <input type="checkbox"/> no | May NOAM publish this Mobile number in the NOAM address book and to pass on to the parents? <input type="checkbox"/> yes <input type="checkbox"/> no |
| E-mail   | E-mail   |
| May NOAM publish this Email in the NOAM address book and to pass on to the parents? <input type="checkbox"/> yes <input type="checkbox"/> no         | May NOAM publish this Email in the NOAM address book and to pass on to the parents? <input type="checkbox"/> yes <input type="checkbox"/> no         |

Emergency contact name.....

First language(s) of parents

Mother..... Father.....

**Billing**

See above: Parents  yes  no

or:

Name.....

First name.....

c/o.....

Address.....

Postal code.....

Telephone.....

E-mail.....

**Further Information on Child**

Are you and your child members of a Jewish community in Switzerland?  yes  no

If **yes**, which community: .....

If your child Jewish according to Halacha, please continue in part B.

If **not**, please continue with part A.

**Part A**

Only children that are Jewish according to Halacha can be accepted at the NOAM.

You could send us a letter of the Rabbi of your community, a Ketuba (religious marriage contract) or a Giyur (conversion) certificate to confirm the Jewish status of your child.

Is the child Jewish?  yes  no

Enclosures:  Giyur certificate  confirmation of rabbinate / religious council (מועצה דתית)  Ketuba

Is the mother member of a Jewish community?  yes  no

If yes, which? .....

Is the father member of a Jewish community?  yes  no

If yes, which? .....

Contact at former Jewish community (name, number) .....

.....  
.....

**Part B**

**Previous Schools Attended**

| Nam of institution | Nursery |   |   |   | Ganon | Kindergarten |   |   | Primary school |   |   |   |   |   |
|--------------------|---------|---|---|---|-------|--------------|---|---|----------------|---|---|---|---|---|
|                    | 1       | 2 | 3 | 4 | 1     | 1            | 2 | 3 | 1              | 2 | 3 | 4 | 5 | 6 |
|                    |         |   |   |   |       |              |   |   |                |   |   |   |   |   |
|                    |         |   |   |   |       |              |   |   |                |   |   |   |   |   |
|                    |         |   |   |   |       |              |   |   |                |   |   |   |   |   |

Current teacher (name and contact number) .....

The enclosed feedback form should directly be sent back to NOAM by the last school attended. The feedback sheet has only to be filled in if your child does not attend the ICZ kindergarten.

May the NOAM contact the teacher/headmaster?  yes  no

Did your child attend a primary school abroad?  yes  no

Please enclose report cards of last school year (judaic and general studies) and the attached School feedback form (filled in by your child's previous school).

Enclosures:  Report cards (Judaic and general studies)

**Picture rights**

We agree that photos and videos of our daughter/son

- may be published on the Noam’s homepage  yes  no
- may be shown in the password protected zone of the Noam homepage  yes  no
- may be presented in brochures/print media/on postcards/mailings of the Noam  yes  no
- may be presented at an internal Noam event/Screen  yes  no
- can be made for school purposes and for internal further education for teachers  yes  no

**Medical History**

Does your child have or ever had:

- Hearing difficulties  yes  no
- Vision difficulties  yes  no
- Gross or fine motor delays  yes  no
- Diagnosed learning disabilities  yes  no
- Epilepsy, seizures  yes  no
- Speech therapy since when:.....  yes  no
- Psychomotor therapy since when:.....  yes  no
- Psychotherapeutic therapy since when:.....  yes  no
- Academic clarification  yes  no

**Enclosures:**  Report academic clarification

other:

.....

Does your child have any dietary restrictions (f.e. eg, lactose intolerant)?  yes  no

.....

Does your child suffer from any sort of allergies?  yes  no

.....

Is medication taken on a daily basis?  yes  no

.....

Name, address and telephone of paediatrician

.....

Is there anything else we need to know about your child or your family?

.....

**Permission to transfer personal data to a third person (first name, last name, address, date of birth, class)**

The subsequent confirmation enables the school to transfer the data, mentioned above, to a third person if necessary (school authority, dental surgery etc.).

Place and Date: .....

Signature of the mother: .....

Signature of the father: .....

**Over the counter medication and medical/health screening permission form**

The permission form below includes the permission for health information and screenings, e.g. dental hygiene, lice checks. This also grants the school permission to give over-the-counter non-prescription medicine such as: topical pain relievers, throat lozenges, ibuprofen etc.

Place and Date: .....

Signature of the mother: .....

Signature of the father: .....

**Health Form Agreement**

I/we, the parent or guardian(s) of the above named student, declare that I/we have answered the questions about his/her health record to the best of our ability and have not withheld any information. I agree to inform the school of any changes in the health status of my child.

Place and Date: .....

Signature of the mother: .....

Signature of the father: .....

**School Documentation**

By their signature parents/legal guardians acknowledge the school regulations as they are defined in the current school documentation and on the NOAM website ([www.noam.ch](http://www.noam.ch)).

Place and Date: .....

Signature of the mother: .....

Signature of the father: .....

### **Tuition fees**

*For members of a Jewish Community which subsidizes the NOAM:*

School year 2022/2023: CHF 19'200.00 per year (payable in 12 monthly installments of CHF 1'600.00)

*For all others:*

School year 2022/2023: CHF 27'720.00 per year (payable in 12 monthly installments of CHF 2'310.00)

Tuition fees have to be paid in advance and are due at the first day of each month. Tuition payments include teaching materials and a warm kosher lunch.

### **School fees relief**

Our school has a „no child left behind policy“. No child should due to financial reasons, not join the NOAM. Therefore, the school has installed a separately functioning stipend fund for NOAM students. In the frame of the financial abilities of the fund, the fund may grant tuition reductions. To apply for the reduction, you'll be asked to fill an application form. Please request the form at our school office or download it from our website ([www.noam.ch](http://www.noam.ch)).

**Registration deadline: 14th March**

**Registration fee: CHF 200.00**

- All registrations for the upcoming school year which are sent in timely are free of charge.
- Late registrations, or registrations for the current school year, will be processed only after payment.
- If registration take place after the deadline or if first year students are registered in the course of the current school year parents are charged for the teaching material.

Jüdische Schule Noam, Postfach, 8027 Zürich, [info@noam.ch](mailto:info@noam.ch)

Place and Date: .....

Signature of mother: .....

Signature of father: .....

### **Enclosure (if applicable):**

- Confirmation of rabbinate / religious council (מועצה דתית)
- Giyur certificate
- Ketuba
- Report cards last school year (judaic and general studies)
- Report academic clarification
- other: .....

Feedback form of the kindergarten or the last school attended should be directly sent to NOAM by the school. The feedback sheet has only to be filled in if your child does not attend the ICZ kindergarten.

## School Feedback Form

**This form must be completed by a teacher/teachers at the school attended**

The student mentioned below has applied for admission to Jüdische Schule Noam, and we ask your cooperation in completing this evaluation. Thank you in advance for sharing your thoughts which will be held in strict confidence. This form should be completed by an academic classroom teacher. Please return this form to: Jüdische Schule Noam, Grütlistrasse 68, 8027 Zürich, Switzerland.

.....  
Child name

.....  
Current grade

1. How long have you known the student and in what capacity?

.....  
.....

2. Have you or your school recommended any of the following?

- German as a second language (DaZ als Zweitsprache)  yes  
Support classes (IF Integrative Förderung)  yes  
Gifted classes (Hochbegabtenförderung)  yes  
Psycho-educational assessment (psychologische Abklärung)  yes  
Academic clarification (Gesamtabklärung SPD)  yes

3. Which of these services (if any) do you recommend be continued next year?

.....  
.....

4. Is there anything concerning the school achievements of your child we should know?

.....  
.....

5. In relation to boys and girls of the same age you have known and using the scale below, how would you rate the student?

Academic Promise

Character and Personal Promise

Overall Recommendation

Hebrew Knowledge

- Exceptional  
 Excellent  
 Good  
 Fair  
 Weak

- Exceptional  
 Excellent  
 Good  
 Fair  
 Weak

- Exceptional  
 Excellent  
 Good  
 Fair  
 Weak

- Exceptional  
 Excellent  
 Good  
 Fair  
 Weak

.....  
Your name

.....  
School Phone

.....  
Position

.....  
E-mail

.....  
Stamp (with school or kindergarten name and address)

.....  
Teacher signature

.....  
Place and date