

Congregation Shaarey Zedek
Religious School Student Information Form
2015-2016/ 5776

Student's Name _____ Hebrew Name _____ Birth date _____

Public School: Name _____ District _____ Grade _____

Student lives with _____ Both parents _____ Parent #1 _____ Parent #2

Other (name & relationship) _____

Please send school updates and other information to _____ Both parents _____ Parent #1 _____ Parent #2
_____ Other (name, relationship, address & email) _____

Parent/Guardian: Parent/Guardian #1

Parent/Guardian #2

Name _____

Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

Profession _____

Emergency Contacts Parents will be contacted first; please list additional contacts in case parents can't be reached.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Dismissal Release In addition to parents, I authorize my child to be dismissed to the care of the people listed below:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Special Concerns In order to best teach your child, it is important for us to know of any special needs that your child may have or any specific help that your child receives in school (learning needs, participation in talented program, resource room, etc). _____ I would like to discuss this with the School Director. _____ Explained on back of form.

Medical Information

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Allergies _____

_____ Medication may need to be administered during school. (Medication permission form will be sent if checked.)

_____ I would like to discuss child's health with the School Director. _____ Explained on back of form.

In case of illness or other emergency, I understand that attempts will be made to contact parents or, if necessary, the emergency contacts listed above. This Emergency Medical Care Authorization constitutes permission for school personnel to take my child to the nearest hospital emergency room or emergency care site. I agree to assume responsibility for the expenses incurred in handling this emergency.

Parent's signature _____ Date _____