



## High School Registration 2024/2025

<b>Student Information</b>		
Legal Name:	Last Name:	
Hebrew Name:	Nick Name:	
English Date of Birth:	Hebrew Date of Birth:	
Address:		
City:	State:	Zip Code:
Grade Entering 2024/2025:		

Father's Title:	Legal Name:	
Hebrew Name:		
Address:		
City:	State:	Zip Code:
Email:	Cell Number:	Home:
Employer:	Work Number:	
Work Address:		

Mother's Title:	Legal Name:	
Hebrew Name:		
Address:		
City:	State:	Zip Code:
Email:	Cell Number:	Home:
Employer:	Work Number:	
Work Address:		



## Emergency Contact/ Parental Consent 2024/2025

Child's Name:
---------------

Emergency Contact Person(s):	
Name:	Phone:
Name:	Phone:
Name:	Phone:

Person(s) To Whom Child May Be Released:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	

Child's Physician:	Phone:
Address:	
Health Insurance Coverage Company:	Policy Number:

Special Disabilities	No ( ) Yes ( ) _____
Allergies including medication	No ( ) Yes ( ) _____
Medical or dietary information necessary in an emergency	No ( ) Yes ( ) _____
Medication, Special conditions	No ( ) Yes ( ) _____
Additional information on special needs of child	No ( ) Yes ( ) _____

<b>PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>	
Obtain Emergency Medical Care	Admin of Minor First Aid Procedures
Walks and Trips	Swimming
Transportation By The Faculty	Wading
Posting Pictures on Social Media	Posting Pictures to WhatsApp
I agree to comply with all childcare and safety guidelines	

Signature of Parent of Guardian

\_\_\_\_\_  
Date \_\_\_\_\_

Periodic Review  
Signature of Parent of Guardian

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