



# Kol Haverim Religious School Student Information Form

Student \_\_\_\_\_ Phone Number \_\_\_\_\_

Hebrew Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Grade in 2011-12 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Religious School \_\_\_\_\_ Grades enrolled there: \_\_\_\_\_

Parent (1) \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_ City/Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Parent (2) \_\_\_\_\_ Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ Cell# \_\_\_\_\_ City/Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Siblings:

Name	Age	Grade

Please describe any special physical/learning needs that might affect the student's performance and/or participation at Religious School:

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Please describe any allergies and medication the student takes regularly:

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If there is any other information that will help us in educating your child, please attach additional information or contact the Educator at the synagogue's office.

Student Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to student \_\_\_\_\_

In addition to parents, student may be released to:

\_\_\_\_\_  
\_\_\_\_\_

.....  
**MEDICAL EMERGENCY PERMISSION STATEMENT**

Doctor's Name \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Membership/Policy Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

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**Permission Agreement**

I hereby grant permission for the Congregation Kol Haverim Religious School staff to take whatever steps may be necessary to obtain emergency medical care, if warranted for \_\_\_\_\_.

(Student)

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

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**Permission for Photograph and Video Image Distribtution**

I grant to Congregation Kol Haverim, its representatives and employees the right to take photographs and video recordings of \_\_\_\_\_ in connection with Congregation  
(student's name)  
Kol Haverim related events. I authorize Congregation Kol Haverim, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Congregation Kol Haverim may use such images of the above referenced student with or without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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