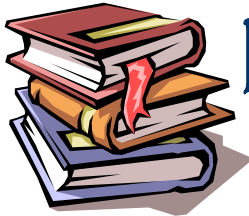


To be filled out by NEW students only



# Kol Haverim religious school

## New Student information Form

Student \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Last, First, Middle)

Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

School Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

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

Parent (1) \_\_\_\_\_ Parent (2) \_\_\_\_\_

Address \_\_\_\_\_ Address (if different) \_\_\_\_\_

City/Zip \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work # \_\_\_\_\_ Phone \_\_\_\_\_ Work # \_\_\_\_\_

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

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 medication, which the student takes regularly:

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

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## MEDICAL EMERGENCY PERMISSION STATEMENT

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

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

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

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



### **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: \_\_\_\_\_



### SIBLINGS

Name	Age	Grade 02-03