

OR TAMID RELIGIOUS SCHOOL REGISTRATION 2020-21

Family Information

Parent/Guardian 1

Parent/Guardian 2

Name _____

Name _____

Email _____

Email _____

Cell _____

Cell _____

Student resides with _____

(Parent 1, Parent 2, Both)

Synagogue _____

(Cbent, Or Shalom)

Student Information

Full Name _____
(first, middle, last)

Birth Date _____
(mm/dd/yyyy)

Hebrew Name _____
(transliteration is fine)

Select Grade entering September 2020

Aleph (1st Grade)

Bet (2nd Grade)

Gan (PreK & K)

Gimel (3rd Grade)

Dalet (4th Grade)

Hey (5th Grade)

Vav (6th Grade)

Zayin (7th Grade)

Hebrew High / Confirmation (Grades 8, 9 & 10)

Previous Religious Schools _____
NEW STUDENTS ONLY (school name, years attended)

Does this student have a 501, IEP or GIEP from secular school? _____

Describe any learning styles or differences that will help us in understanding this student. (This information is strictly confidential and is helpful to our faculty in providing the best possible education for the student.)

OR TAMID RELIGIOUS SCHOOL EMERGENCY & PERMISSION 2020-21

Emergency Information For (Name) _____

List Medical Conditions & Allergies _____

Current Medications _____

Dietary Restrictions _____

May we give tylenol _____

Dosage _____

Emergency 1st Contact _____

Name

Cell

Relation to student

Emergency 2nd Contact _____

Name

Cell

Relation to student

Student is allowed to be picked up by:

Name

Cell

Relation to student

Name

Cell

Relation to student

I give my permission for Or Tamid Religious School to seek medical treatment for my child in the event of an emergency.

Parent/Guardian Signature _____ date _____

PERMISSION INFORMATION

I give my child _____, permission to attend off-ground trips with Or Tamid Religious School.

By signing this permission slip, I hereby agree to indemnify and hold harmless and blameless, Or Tamid Religious School, its administration, teachers, employees and parent chaperones from any and all liability from damages, loss or injury, either to person or property, which the said minor may sustain while engaged in any activity conducted by or in connection with Or Tamid Religious School, but not limited to transportation. I further certify that I have legal custody by reason of the fact that I am the parent or the legal guardian by court order.

I further allege that the said minor is physically able to participate in the activity set forth herein. I further agree to reimburse or make good any loss or damage or costs that Or Tamid Religious School may have to pay if any litigation arises on account of any claim made by said minor, or anyone in said minor's behalf, resulting directly or indirectly from said minor's participation in Or Tamid Religious School activities. I further agree in case of injury or illness or other actions requiring parental permission, that synagogue employees or chaperones shall have the authority to act for me in case I cannot be reached. I further understand that in case of injury. Serious illness, or in extreme cases of disciplinary action, the lead teacher or administrator will call for medical assistance and transportation at my own expense.

____ I agree to authorize Or Tamid Religious School to utilize photographed or video images of my child in brochures, flyers, displays or other promotional purposes without compensation from the synagogue or related organizations

____ I give permission for our contact information to be used in a school directory.

Parent/Guardian Signature _____ date _____