

**TEMPLE OHEV SHOLOM RELIGIOUS SCHOOL
STUDENT REGISTRATION FORM (2020-21)**

Please complete one form for each student.

Full Name of Student (Last, First, Middle) _____

Student's status: New Student ___ Continuing ___ If continuing, since what grade _____

Nickname _____ Hebrew Name _____

Birth Date (M/D/Y) _____ Gender Identification: _____

Parent(s)/Guardian(s):

P/G 1

P/G 2

Name _____

Street Address _____

City, State, Zip Code _____

Occupation _____

Employer _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

Student lives with: Both Parents/Guardians ___ P/G 1 ___ P/G 2 ___

Student's attendance may not be regular due to family circumstances: Yes ___ No ___

Please explain: _____

Major Life Changes. Have there been any changes in student's family life over the past year?

Birth ___ Death ___ Separation/Divorce ___ Move ___ Other (explain) _____

None ___ If any changes do occur, please update the Religious School Director.

Name of public/private school _____ Grade for 2020-21 _____

Special interests/hobbies/school activities _____

Student's development. Please specify what we should be aware of regarding special classes; gifted; learning disabilities; emotional support; hyperactivity; speech, hearing or visual problems; diabetes, etc. _____

Medical Needs. Please describe any allergies (food, drugs, insect bites, etc.) and/or list any special medications. _____

Emergency Contact (to be called in case parent(s)/guardian(s) cannot be reached):

Name _____ Phone Number _____

Relationship to Student _____

Name of Physician _____

Phone Number _____

PARENT/GUARDIAN (BOTH, IF APPLICABLE) MUST READ AND SIGN THE FOLLOWING:

I/We certify that the student for whom this application is made is in good health and up to date on all vaccinations. I/We give consent to Temple Ohev Sholom and its Religious School Director, Rabbi, teacher, and/or other officers, designees, agents, or representatives of same, to make available to the student professional medical care as needed in an emergency. It is understood that a conscientious effort will be made to contact at least one of the parents/guardians and/or the student's physician before such action is taken. However, in the event that such contacts are unsuccessful or not possible, I/we give permission for the student to receive proper medical care by any doctor, nurse, paramedic, or member of a medical staff of a hospital licensed by the Commonwealth of Pennsylvania.

I/We give the student for whom this application is made permission to participate in all activities, including field trips, which are part of Temple Ohev Sholom's Religious School program. I/we understand that transportation for these field trips will be provided by carpools driven by other school parents/guardians, the Religious School Director, Rabbi, or teachers. I/we further understand that photographs may be taken at such activities and used in temple or community publications and/or websites and that I/we must separately notify the Religious School Director in writing before the first day of school in order to exclude the student from such photographs.

I/we waive any and all liability by, and hold harmless, Temple Ohev Sholom and its Religious School Director, Rabbi, teacher, and/or other officers, designees, agents, or representatives of same for any actions taken based on the foregoing.

Name and Signature of Parent/Guardian 1 _____

If submitting electronically, print name above and type initials here: _____

Name and Signature of Parent/Guardian 2 _____

If submitting electronically, print name above and type initials here: _____