

Date: 05/05/2010

STUDENT PROFILE 2010-11

Beth El Hebrew Congregation
Religious School

Student Information

Name: _____ Grade 2010-11: _____

Preferred name: _____ Student E-Mail Grades 6-12: _____ Gender: _____

Hebrew Name (transliterated): _____ Date of Birth: _____

Family Information

Home Address: _____ Phone Number: _____

Parent Name:

Please add missing cell and work phone numbers

Would you like to receive Religious School emails?

Phone Number

Type

_____ Yes _____ No

Email Addresses to receive school information: _____

Parent Name:

Please add missing cell and work phone numbers

Would you like to receive Religious School emails?

Phone Number

Type

_____ Yes _____ No

Email Addresses to receive school information: _____

Medical Information

Phone

Physician: _____

Insurance: _____

Policy/Military ID Number: _____ Group Number: _____

Allergies (Food and Medicine) or medical conditions: _____

Current medications: Please list those that medical personnel should be aware of in case of an emergency

List up to two emergency contacts (other than parents listed in profile)

<u>Name</u>	<u>Relation</u>	<u>Home Phone</u>	<u>Mobile Phone</u>	<u>May Pick Up Student</u>
_____	_____	_____	_____	_____ Yes _____ No
_____	_____	_____	_____	_____ Yes _____ No

Please notify the Religious School office if any of the above information changes during the year.

NOTE: Your child will not be considered registered unless this form is accompanied by the completed release form, student confidential form, and deposit. For registration to be completed, full payment must be submitted with the appropriate Tuition and Payment Forms by the final deadlines indicated, or alternate financial arrangements made.