

TEMPLE BETH EL TORAH SCHOOL REGISTRATION FORM

If you have filled out registration forms in previous years, you must still fill this form out completely for this year. We do not have the capacity to transfer old information to current registration forms. All items must be filled out or the Registration Form will NOT BE PROCESSED! Thank you.

Student's Name	Birth Date	Name of Public School	Grade in Sept.	New Student
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

*Parents' /Guardians' Names *Address/ Town/Zip *Home Telephone

*Email Address: _____

If Separated or Divorced – Are you a Custodial Parent? _____ Shall we also send the other parent all school mailings? _____
If yes, please give us the Name, Address & Email Address: _____

For Emergencies:

*Father's Work Phone & Cell Phone

*Mother's Work Phone & Cell Phone

*Friend or Relative We Can Call In An Emergency, Their Telephone #, & Relationship to Child(ren)

*Child(ren)'s Doctor _____

Our goal is to help every child realize his/her potential. Please help us by providing the information requested below. All special needs information will be kept confidential. Allergy information will be shared with teachers, classmates and other parents. Do any of the children listed above have special social, emotional, medical, learning or educational needs? Are any of them classified by their school district or do they receive special services: Do any of the children have allergies of which we need to be aware?

The above information is accurate and complete, to the best of my knowledge.

*PARENT'S SIGNATURE: _____ *DATE: _____

PLEASE CONTACT THE SCHOOL IF ANY OF THE ABOVE INFORMATION CHANGES!

**TORAH SCHOOL'S
PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES, TO RECEIVE
EMERGENCY MEDICAL CARE, AND TO FOLLOW EVACUATION PLAN.**

I hereby grant permission for my child/children _____,
to participate in all of the activities in the school.

I hereby grant permission for my child/children to leave school premises under the supervision
of a staff member for field trips.

I hereby grant permission for my child/children to be included in evaluations and pictures
connected with the school program.

I hereby grant permission for the Monroe Temple to take whatever steps may be necessary as
outlined by the Emergency Evacuation Plan procedure which is available upon request. These
steps may include, but are not limited to the following:

1. In shelter procedures.
2. Off premises shelter procedures.

I hereby grant permission for the Director to take whatever steps may be necessary to obtain
emergency medical care if warranted. These steps may include, but are not limited to, the
following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child/children's physician.
3. Attempt to contact you through any of the persons listed on the emergency information
form you completed for us.
4. If we can not contact you or your child/children's physician, we will do any or all of the
following: (a) Call another physician or paramedic, (b) call an ambulance, (c) have the
child/children taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under 4, above, will be borne by the child/children's family.
6. The school will not be responsible for anything that may happen as a result of incorrect
information given at the time of enrollment.

Signed: _____ Date: _____