

Hebrew Tabernacle Hebrew School

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STUDENT INFORMATION SHEET (2019/20)

Part One: Student

Student's Name _____ Date of Birth _____

Hebrew School Class _____ Hebrew Name _____

Phone #s: Home () _____ Student cell # () _____

Student's Day School _____ Grade _____

Please circle all that apply:

Student has an IEP

Student has a 504 plan

Student has dietary allergies

Student has special needs

Student takes medication

Other: _____

Please provide a copy of the student's IEP, 504 or medication instructions. All information will be kept confidential and is for the use of the school administration in order to better accommodate your child's needs.

Part Two: Parent/Guardian

Parent #1 Name _____

Home Address (w/Apt #) _____

Phone #s: Home () _____ Work () _____

Cell () _____ E-mail _____

Parent #2 Name _____

Home Address (If different than above) _____

Phone #s: Home () _____ Work () _____

Cell () _____ E-mail _____

With whom does the child live? _____

Part Three: Drop-off/Pick-up Info & Emergency Contact(s)

Name(s) of adult(s) in addition to the parent(s) or guardian authorized to bring and pick up student:

1. Name: _____ phone: _____

2. Name: _____ phone: _____

3. Name: _____ phone: _____

Adult(s) with whom the child may NOT leave: _____

Emergency Contacts

Contact information of adult(s) in addition to the parent(s) or guardian authorized as student's emergency contact:

Name: _____ Address _____

Phone #s () _____ () _____

e-mail address _____

Relationship to child _____

Name: _____ Address _____

Phone #s () _____ () _____

e-mail address _____

Relationship to child _____

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2019/20 Photo/Video Consent Form

You give the Hebrew Tabernacle Congregation permission to use a photograph and/or to take photographs and/or videos of the child named on the form for use in print or electronic media for the promotion of programs connected with the Hebrew Tabernacle Congregation and the Hebrew School.

Child's Name: _____

Parent's Name _____

Signature: _____ Date: _____

Received by Hebrew School Representative (*print name*):

Signature: _____ Date: _____

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Medical Release Form

In case of emergency, I grant consent to: Hebrew Tabernacle staff and/or Hebrew Tabernacle authorized representative(s)
to authorize medical care for my minor child:

Student's first name

Student's last name

Allergies:

Parent/ Guardian's Signature _____

Print Name _____

Address _____

Phone _____

Date _____

Medical Information

Student's full name _____

Birthdate _____

Doctor's name _____

Address _____

Phone () _____

Medical plan/ insurance company name _____

ID # _____

Phone number _____

Medications the student is taking:

Allergies to medication:

Food allergies:
