

BETH TIKVAH RELIGIOUS SCHOOL
2023-2024 STUDENT REGISTRATION
ALL INFORMATION IS STRICTLY CONFIDENTIAL

Student's Name _____ Date of Birth _____

Hebrew Name _____ Entering Public School Grade _____

Parent's /Guardian's Names:

Parent 1: _____

Parent 2:

Parent 1
Address:

| Street | City | Zip | Phone |
|--------|------|-----|-------|
|--------|------|-----|-------|

Business
Address:

| Street | City | Zip | Phone |
|--------|------|-----|-------|
|--------|------|-----|-------|

Parent 1 cell phone/pager#: _____

Parent 1 E-mail address: _____

Parent 2
Address::

| Street | City | Zip | Phone |
|--------|------|-----|-------|
|--------|------|-----|-------|

Business
Address:

| Street | City | Zip | Phone |
|--------|------|-----|-------|
|--------|------|-----|-------|

Parent 2 Cell phone/pager # _____

Parent 2 E-mail address: _____

Preferred contact: ☐ email _____ ☐ Phone _____

BETH TIKVAH RELIGIOUS SCHOOL

MEDICAL INFORMATION

2023– 2024 SCHOOL YEAR

Name of Student:

Grade:

ALL INFORMATION PROVIDED IS KEPT STRICTLY CONFIDENTIAL

In case of injury or illness of a child at school, every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked in writing by a parent or guardian:

If injury or illness is minor, give child first aid? YES _____ NO _____

If injury is serious and parent cannot be contacted, do you wish your personal physician or dentist to be contacted? YES _____ NO _____

Physician: _____

| Name | Address | Phone # |
|----------------|---------|---------|
| Dentist: _____ | | |

| Name | Address | Phone # |
|------|---------|---------|
|------|---------|---------|

Call an ambulance: YES _____ NO _____

Preferred Hospital _____

If you cannot be reached in case of an emergency, person(s) to be notified:

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

BETH TIKVAH RELIGIOUS SCHOOL

MEDICAL INFORMATION

2023– 2024 SCHOOL YEAR

Name of Student: _____

Grade: _____

In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child. I understand that I will be contacted immediately, as will my physician. I understand that I am responsible for any related expenses.

Parent/Guardian Name (Please print)

Parent/Guardian Signature

BETH TIKVAH RELIGIOUS SCHOOL
STUDENT ACADEMIC PROFILE (if applicable)
2023 – 2024 SCHOOL YEAR

Name of Student: _____

Grade: _____

ALL INFORMATION PROVIDED IS KEPT STRICTLY CONFIDENTIAL

Has your child's learning style and needs been formally evaluated? YES NO

Does your Child have an IEP or 529? YES NO

- If yes, please provide a copy to the Religious School Coordinator.

Please provide specific information that will assist the teachers in affording your child every opportunity for success in his/her studies:

Describe any characteristics of your child's learning style, behavior, and/or social interaction that you would like to share with his/her teachers.

Describe your child's strengths

Describe areas in which your child may need extra support

BETH TIKVAH RELIGIOUS SCHOOL

STUDENT SPECIAL NEEDS PLAN (if applicable)

2023 – 2024 SCHOOL YEAR

Name of Student:

Grade: _____

ALL INFORMATION PROVIDED IS KEPT STRICTLY CONFIDENTIAL

(Please fill out the first part of this form and then meet with the Education Coordinator

Name of Student: _____

Names of Parents/Guardians: _____

My child, named above, has the following special medical, educational, emotional, social, or behavioral needs that may limit his or her ability to fully participate in activities at Beth Tikvah Religious School, or that may require special precautions or accommodations:

I authorize the following health care professionals, schools or service providers to provide records and/or discuss the matters listed above with the Education Coordinator, Lisa Volpigno:

Name (Print): _____ Name (Sign): _____

Date: _____

(The remainder of this form is to be filled out by the Director and approved by the parent)

After reviewing the above information, we agree that the School will use reasonable efforts to implement the following special needs plan:

Parent/Guardian (Sign):

Date:

ALLERGY ALERT

2023 – 2024 School Year

This information will be shared with your child's teachers.

Please complete this form if your child is allergic to any particular foods, insect bites, drugs etc.:

Name of child _____

Grade _____

Allergy _____

Please provide any information that could be useful in preventing your child from exposure:

Please provide any vital information that could be useful should your child accidentally eat food, get an insect bite, etc to which he/she is allergic:

BETH TIKVAH RELIGIOUS SCHOOL 2023-2024

PHOTO RELEASE FORM

I , _____

Parent/Guardian Name

☐ give / do not give permission to Beth Tikvah to print any photos of my child/children

Child/Children's names

on our Beth Tikvah website, in brochures, newspaper articles, electronic media, or any other publications.

☐ give / do not give permission to Beth Tikvah to print the names of my child/children

Child/Children's names

on our Beth Tikvah website, in brochures, newspaper articles, electronic media, or any other publications.

Parent's/ Guardian's signature _____

Date _____