



HIGH SCHOOL REGISTRATION 2022-23

FAMILY NAME: _____

New to CSI ____ No ____ Yes

CLASS SCHEDULE

8th, 9th, 10th, 11th and 12th Grades

Select Sundays 11:00 A.M. – 12:00 P.M.

SCHOOL DATES

At Shearith: November 6, January 8, February 12, March 26, April 30

Offsite: December 11, January 29, March 5, April 16

FAMILY INFORMATION

Parent/Guardian 1 Name: _____ Relationship: _____

Cell: (_____) _____ - _____ Address: _____

Email: _____

Parent/Guardian 2 Name: _____ Relationship: _____

Cell: (_____) _____ - _____ Address: _____

Email: _____

STUDENT INFORMATION

STUDENT'S NAME	STUDENT'S HEBREW NAME	GENDER	GRADE: 2022-23	DATE OF BIRTH	NAME OF SECULAR SCHOOL	NAME OF CAMP(S)

EMERGENCY CONTACT INFORMATION *(other than guardians listed above)*

CONTACT NAME	CELL PHONE NUMBER	RELATIONSHIP

PICK-UP AUTHORIZATION *(other than above guardians) The following people are authorized for student(s) listed in this form to be released to*

NAME	CELL PHONE NUMBER	RELATIONSHIP



MEDICAL INFORMATION & CONSENT TO TREAT 2022 - 2023

Please share with us all of the needs for each of your children so we can better support all of our students.

Student's Full Name _____ Date of Birth: ____/____/____

Family Physician: _____ Phone: (____) _____ - _____

Please check all that apply:

Allergies: _____

Illnesses: _____

Learning Differences: _____

Diagnosis: _____

Impairments:

Medication: _____

Speech: _____

Hearing: _____

Medications PRESENT at School: _____

Visual: _____

Mental Health: _____

I/We, the undersigned, have legal custody of the student named above, a minor, and have given consent to the Weitzman Family Religious School supervision during the 2022 - 2023 school year.

In case of medical emergency, I/we understand that every effort will be made to contact the parent or guardian. In the event that I/we cannot be reached, I/we hereby authorize and consent to my child to be transported to the nearest medical facility in addition to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any licensed medical personnel on the staff of a licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. I/we am responsible for payment of all fees incurred.

Signature: _____ Date: _____

Student's Full Name _____ Date of Birth: ____/____/____

Family Physician: _____ Phone: (____) _____ - _____

Please check all that apply:

Allergies: _____

Illnesses: _____

Learning Differences: _____

Diagnosis: _____

Impairments:

Medication _____

Speech: _____

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Signature: _____ Date: _____



VACCINATION INFORMATION 2022- 2023

Student's Full Name _____ Date of Birth: ____/____/_____

Family Physician: _____

Please check the vaccinations that your student has had:

- | | |
|--|---|
| <input type="checkbox"/> Tdap | <input type="checkbox"/> Varicella (Chicken Pox) |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> MMR (Measles, mumps, and rubella) | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Haemophilus Influenza Type B | <input type="checkbox"/> Meningococcal (7 th - 12 th grade) |
| <input type="checkbox"/> Hepatitis B | |

Student's Full Name _____ Date of Birth: ____/____/_____

Family Physician: _____

Please check the vaccinations that your student has had:

- | | |
|--|---|
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| <input type="checkbox"/> Polio | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> MMR (Measles, mumps, and rubella) | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Haemophilus Influenza Type B | <input type="checkbox"/> Meningococcal (7 th - 12 th grade) |
| <input type="checkbox"/> Hepatitis B | |

PHOTO RELEASE 2022 - 2023

As you know, when your student works on lessons or participates in special events, we often have many great photo opportunities allowing us to share our amazing WFRS community. We would like your permission to use photographs taken during class time, special events or celebrations to post internally in classrooms, hallways, for teacher and family education, and as a historical record. The Weitzman Family Religious School also uses photographs of students for publicity purposes. We promote our school using color brochures, our website, social media, and other types of promotional materials. When photographs are used for publicity purposes, children are never identified by name. All photos used for publicity will be available for the student's parents to review upon request. In addition, parents reserve the right to request that any photograph not be used for publicity. Please indicate your preference for photographs below.

I DO / DO NOT (PLEASE CIRCLE) give the Weitzman Family Religious School permission to use photographs of my child internally. I also understand that all photos will be available for review if I should request to do so.

I ALSO GIVE / DO NOT GIVE (PLEASE CIRCLE) permission for photographs of my child to be used for publicity purposes. I understand that my child will not be identified by name when photos are used for publicity purposes.