

For Office Use Only:
 Date rec'd: _____
 Accounting: _____



DeReKH

Dallas Regional Kehillah High

REGISTRATION 2018 - 2019

FAMILY NAME: _____

CLASS SCHEDULES

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

Sunday 10:00 A.M. – 12:00 P.M.

At Congregation Anshai Torah

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: 2018-19	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



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MEDICAL INFORMATION & CONSENT TO TREAT 2018 - 2019

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:

Medications PRESENT at School:

Hearing:

Visual:

Mental Health:

I/We, the undersigned, have legal custody of the student named above, a minor, and have given consent to the Dallas Regional Kehillah High supervision during the 2018 - 2019 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:

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Signature: Date:



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PARENT/STUDENT/DIRECTOR BRIT (CONTRACT) 2018 - 2019

As a parent/guardian, I will:

- Help my child attend school regularly (at least 70%) and be on time.
- Show respect and support for my child, the teachers, and the school.
- Provide a caring environment, including adequate food and rest, so my child is ready to learn.

Parent/Guardian Signature _____

Date _____

As a student, I will:

- Attend school regularly (at least 70%) and be on time.
- Believe that I can learn and will learn.
- Show respect and cooperate with all adults at the school.
- Come to class on time, prepared to work.
- Complete all assignments to the best of my ability.
- Respect the rights of others to learn without disruption.
- Show respect for the environment by cleaning up after myself.
- Talk with my parents/guardians each day about new knowledge I gained at school.

Student Signature _____

Student Signature _____

Date _____

As the leadership of our community program, we will:

- Facilitate positive communication between teacher, parent, and student.
- Encourage educators to provide appropriate classroom assignments.
- Foster a warm, parent-friendly atmosphere.
- Provide a safe and orderly environment for the student.

DeReKH Leadership Signatures

Sarah Lipinsky, Rabbi Adam Roffman, Beri Schwitzer, Rabbi Michael Kushnick, Sharon Wechter

Date September 2018