

Addlestone Hebrew Academy Student Information Form

Please fill in all blanks completely. If a blank does not apply, please write N/A.

I. Student Information

First Name	Last Name	M	F
		Gender	
Goes By	Birthdate		
Grade Level	Hebrew Name (Written in English or Hebrew)	Home Phone	
Address		City, ST ZIP	
Student Email Address (Optional)	<i>Please note that student email addresses will be used for school purposes only. All correspondence sent to students will be sent to parents as well.</i>		

II. Family Information

Parent I's Full Name	Parent II's Full Name
Parent I's Work Phone	Parent II's Work Phone
	Ext.
Parent I's Occupation	Parent II's Occupation
Parent I's Employer	Parent II's Employer
Parent I's Home address if different from student's	Parent II's Home address if different from student's
City, ST ZIP	City, ST ZIP
Parent I's Cell Phone	Parent II's Cell Phone
Parent I's Email Address	Parent II's Email Address
Parents' Marital Status	If divorced, person(s) with legal custody

In case of divorce or guardianship, please provide a copy of the final custody order. All correspondences other than billing will be sent to both parents unless otherwise specified. If you have an exception, please list the information below:

Full Name of Person(s) to Receive Correspondence	Relationship to Student
Address	City, State Zip
Home Phone	Work Phone

Name of person(s) who has custody. A copy of the custody agreement and any other important information including court orders or restraining orders must be provided to the school and will be kept in a confidential file.

III. Medical Care

Child's Doctor (Required for all students)	Phone Number
Family or Child's Dentist (Required for all students)	Phone Number
Child's Medical Insurance Provider	Phone Number
Account/ID Number	Group Number
Insurance Provider Address	City, State and Zip
First Choice Hospital	

Please complete the other side of this form.

IV. Student's Medical History

I, _____, the parent or guardian of _____, recognize that as a result of participation in student activities, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance. Please make the following notations on my child's records:

Does your child have allergies? If yes, please list all allergies.

Does your child take medication for a long-term illness? (indicate illness & medication)

Please list all relevant medical information (e.g. contact lens wearer, heart murmur, etc.)

Parent's/Guardian's Signature

Date

It is the parents' responsibility to keep all insurance and medical/emergency information current throughout the entire school year.

V. Local Emergency Contacts

Please indicate who should be called in case of emergency if parents cannot be reached.

Name

Relationship

Phone Number

VII. Photo Release

I grant permission to the Addlestone Hebrew Academy to publish, distribute and/or sell the image and/or voice of the child named above as recorded for internal use and to promote the school program. I also grant permission to use my child's name in any news release. I grant these permissions freely and without reservation.

Yes, I grant permission

No, I do not grant permission

Parent's/Guardian's Signature

Date

VI. Grandparent Contact Information

We would like this information in order to send grandparents photos and other news about your child's school.

Paternal Grandparent I Name

Maternal Grandparent I Name

Paternal Grandparent II Name

Maternal Grandparent II Name

Address

Address

Phone

Phone

Email Addresses

Email Addresses

VIII. Religious Background

Are you a member of a Synagogue?

Yes No

Please indicate your religious background:

Parent I:

- Orthodox
- Conservative
- Reform
- Unaffiliated
- Non-Jewish
- Other: _____

Please indicate where you attend services

Parent II:

- Orthodox
- Conservative
- Reform
- Unaffiliated
- Non-Jewish
- Other: _____

IX. Signature

Addlestone Hebrew Academy reserves the right, without liability on its part, to terminate this child's enrollment or to withhold any services of facility in the event deemed necessary or suitable because of any substantial noncompliance by me or this child with any of our obligations.

My obligation to Addlestone Hebrew Academy shall not be diminished nor shall I be entitled to any refund because of any absence or withdrawal of this child from school during the school year, whether through disability or otherwise, or because of the school's exercising any of its rights.

Please sign this enrollment form and return along with the appropriate forms and non-refundable enrollment fee to AHA.

Parent's/Guardian's Signature

Date



Addlestone Hebrew Academy Handbook Policy

The Parent Handbook is distributed electronically via email and is also available on our website at www.addlestone.org under the Parent Resources section. If you need a printed copy of the handbook, please contact the front office at 571-1105.

NOTICE: THE POLICIES AND PROCEDURES SET FORTH IN THE ADDLESTONE HEBREW ACADEMY PARENT HANDBOOK ARE SUBJECT TO CHANGE, AT THE SOLE DISCRETION OF THE ADMINISTRATION. PARENTS WILL RECEIVE NOTICE OF ANY CHANGES TO THE HANDBOOK WITHIN A REASONABLE TIME FOLLOWING SUCH CHANGE.

ACKNOWLEDGEMENT

I, the undersigned parent(s) of the child set forth below, hereby acknowledge that I have received, reviewed, and understand the policies and procedures as set forth in the Addlestone Hebrew Academy Parent Handbook, and agree to abide by such policies and procedures. I further acknowledge that certain policies and procedures, as set forth therein, are subject to change, at the sole discretion of the administration of Addlestone Hebrew Academy. I hereby agree to review any changes to the handbook and acknowledge that I may be required to execute an additional acknowledgement of such changes, if and when they occur.

Name of Child: _____

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____



Dismissal Information

Child's name _____ Grade _____

The persons listed below have my permission to pick up my child from school. I will notify the school in writing or by phone if my plan deviates from what is written below.

The persons listed below are NOT allowed to pick up my child from school.

Parent Signature _____ Date _____



PRESCRIPTION MEDICATION PERMISSION REQUEST FORM

Fill out and turn in only if prescription medicine must be administered at school.

You must provide the medication to the school in the original packaging with the student's name on it.

Student's Name: _____

Date of Birth: _____ Grade: _____

MEDICATION WILL BE GIVEN AT SCHOOL ONLY if the following guidelines are followed:

1. A parent or legal guardian must sign the Addlestone Hebrew Academy consent form.
2. The medication must be in an original container. If your doctor has changed the dose, the doctor must change the prescription or provide a note on letterhead with the new directions and an original signature (not stamped signature). The prescription must be written for the child to whom it is to be given.

TO BE COMPLETED BY PHYSICIAN OR OTHER LEGAL PRESCRIBER

Name of Medication: _____

Reason for Medication: _____

Specific time(s) and doses that MUST BE GIVEN AT SCHOOL: _____

Date last seen: _____ Date to return: _____

Are there any restrictions / side effects? _____

Expected length of administration: _____

Name of Doctor or Legal Prescriber (PRINT)

Signature of Doctor or Legal Prescriber

Doctor or Legal Prescriber's Title _____ Phone # _____ Date _____

Parent's Signature _____ Date _____



NON-PRESCRIPTION MEDICATION FORM

Fill out and turn in only if you would like non-prescription medicine to be administered at school. **You must provide the medication to the school in the original packaging.**

MEDICATION WILL BE GIVEN AT SCHOOL ONLY if the following guidelines are followed:

1. A parent or legal guardian must sign the Addlestone Hebrew Academy consent form.
2. The medication must be in an original container.

Please understand if you send a tablet, capsule, or liquid in a baggie or other container, WE CANNOT ADMINISTER THE MEDICATION AT SCHOOL.

If you send in medication in an appropriate container but do not send a signed release, WE CANNOT ADMINISTER THE MEDICATION AT SCHOOL. This includes any over the counter products, such as Tylenol, Motrin, Advil, cough drops or anti-acid tablets.

Safety to the students and liability of the school are key issues for implementing these procedures in schools. These are not arbitrary rules, but they follow state and/or DHEC policy.

NON-PRESCRIPTION MEDICATION PERMISSION

I understand that a licensed nurse is not employed by Addlestone Hebrew Academy. I give my permission for school personnel to administer medication which I have listed below.

Student's Name: _____

Medication: _____

Dosage: _____

Time: _____

Parent Signature

Date