

NEW STUDENT REGISTRATION FORM 2018-2019 / 5779



Please Complete An Entire Application
For Each New Student And
Submit With Your Tuition Form.

All Information Will Be Kept Confidential.

Attach Recent
Photo Here

STUDENT INFORMATION
PLEASE PRINT CLEARLY

NAME: _____
Last First Middle

ADDRESS: _____
No./Street/Apt. City Zip Code

Birth Date _____ Grade Fall '18 _____ Gender: _____

Home Phone (203) _____ - _____ Student's Cell (203) _____ - _____

Student's E-mail _____

Which high school will you attend in September? _____

Which Hebrew/Day School have you attended? _____

PARENT / GUARDIAN INFORMATION (Please include salutation Dr., Rabbi, Mr., Mrs., Ms., etc.)

Parent's Name _____ Cell Phone _____

Occupation _____ Business Phone _____

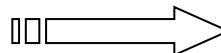
Parent's E-mail _____

Parent's Name _____ Cell Phone _____

Occupation _____ Business Phone _____

Parent's E-mail _____

PLEASE CONTINUE



PARENT / GUARDIAN INFORMATION (Continued)

CURRENT SYNAGOGUE AFFILIATION: _____ N/A _____

PARENTAL MARITAL STATUS: _____

Student Lives With: Both Parents Father Mother Guardian Other _____

FOR NON-CUSTODIAL PARENT TO RECEIVE MERKAZ INFORMATION, PLEASE COMPLETE THE FOLLOWING:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ - _____ E-mail _____

PLEASE NOTIFY THE MERKAZ OFFICE IMMEDIATELY IF ANY OF THE ABOVE INFORMATION CHANGES.

Merkaz Welcomes And Appreciates Participation From Our Parents.

Would you be interested in volunteering? _____ Yes _____ No

SIBLINGS - Please list the names of younger siblings and grades as of September 2018

Name _____ Grade _____

Name _____ Grade _____

Please share the names and contact information, if available, of high school friends (affiliated or unaffiliated) who you think would be interested in receiving information about Merkaz

Name _____ E-mail _____ Grade _____

Address _____ City _____ Phone _____

Name _____ E-mail _____ Grade _____

Address _____ City _____ Phone _____

GRANDPARENT INFORMATION – (We'll send them pertinent Merkaz information to keep them informed.)

Grandparents' Name(s): _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

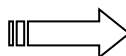
Grandparents' Name(s): _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

PLEASE CONTINUE



CONFIDENTIAL MERKAZ 2018-2019 MEDICAL INFORMATION

STUDENT'S NAME: _____

In order to best accommodate your child's needs and serve the school community, it is important that the Merkaz office is advised of any pre-existing conditions or educational concerns associated with your child. All information is confidential and will only be shared with the child's teacher when appropriate. Please take a few minutes to answer the following questions if applicable. Please be as specific as possible.

1. PLEASE LIST HEALTH / MEDICAL CONDITIONS, MEDICATIONS, OR SPECIAL TREATMENTS REGARDING YOUR CHILD. (i.e., Epi-Pen, Allergies, Chronic Conditions, etc.) Please explain:

2. PLEASE LIST SPECIAL NEEDS, LEARNING DISABILITIES, SOCIAL, EMOTIONAL, OR FAMILY ISSUES WHICH MAY AFFECT YOUR CHILD'S LEARNING. Please explain and include accommodations which may be of assistance.

3. DESCRIBE ANY SPECIAL EDUCATION SERVICES YOUR CHILD RECEIVES IN HIS/HER REGULAR EDUCATIONAL PROGRAM.

4. PLEASE LIST ANY DIETARY RESTRICTIONS AND / OR ALLERGIES THE STUDENT MAY HAVE. (Please explain):

IF PARENTS/GUARDIANS CANNOT BE REACHED, IN CASE OF EMERGENCY CALL:

NAME: _____ RELATIONSHIP: _____

PHONE: (_____) _____ - _____ CELL PHONE: (_____) _____ - _____

PHYSICIAN'S NAME: _____ PHONE NUMBER: _____

Signature of Parent or Guardian

Date