

**RETURNING STUDENT REGISTRATION FORM 2018-2019 / 5779**



Please Complete An Entire Application  
For Each 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

Student's E-mail \_\_\_\_\_

Student Cell \_\_\_\_\_ Grade As Of Sept. 2018 \_\_\_\_\_ Gender \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION (Complete Only If Information Has Changed From Last Year)**

Parent's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Parent's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

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:

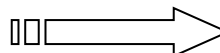
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

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

PLEASE CONTINUE



# Merkaz Welcomes And Appreciates Participation From Our Parents.

Would you be interested in volunteering? \_\_\_\_\_ Yes \_\_\_\_\_ No

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## MERKAZ PERMISSION – AUTHORIZATION FORM 2018 - 2019

### PLEASE READ THE FOLLOWING AND CHECK THE APPROPRIATE BOXES BELOW:

- I give permission to Merkaz to take whatever emergency measures (e.g., first-aid, disaster evacuation) as judged necessary for the care and protection of my child while under the supervision of Merkaz.
- I understand, that should a medical problem arise, all reasonable attempts will be made to reach the parents/ guardians or emergency contact designated on the Registration Form. However, should these attempts fail, and the student requires immediate medical consultation or treatment, I as parent/guardian, hereby authorize such consultation or treatment.
- We have read and are aware of the Student Policies listed in the Merkaz Course Catalog. Specifically, we understand that any use of illegal substances or alcohol by my child will result in immediate disciplinary action.
- My child may participate in official Merkaz field trips and in Merkaz special programs away from the school facility.
- We understand that students participating in Special Programs and trips must respect and abide by rules and policies particular to those premises and/or activities.
- My child may be included in the MERKAZ STUDENT DIRECTORY which includes addresses, E-mail addresses and phone numbers. We understand that the Merkaz Directory is intended for the Merkaz students and faculty, and this is explicitly stated in the Directory.
- We understand and agree not to use or share this Directory outside of Merkaz for any other purposes, other than its intended use.
- Merkaz has permission to photograph/film my child for art, advertising, on Facebook, our mobile app, and / or the Merkaz website and to use these photographs without compensation or additional restrictions. Merkaz has my permission to use and /or edit comments from evaluation surveys for press releases or marketing materials, such as Facebook, our mobile app, and the website.

### WAIVER OF RESPONSIBILITY

In consideration of services provided by Merkaz Community High School For Judaic Studies, I do hereby release Merkaz of any damage, injuries or other claims, which may arise out of normal and properly supervised activities involved in the Merkaz program.

We have read and agree to all of the above. Should emergency information change, we will immediately notify the Merkaz office at (203) 450-5303 or by e-mail to margeryv@merkazct.org.

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Student Name (Please Print)

Signature

Parent Name (Please Print)

Signature

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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.

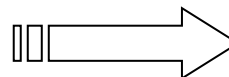
Name \_\_\_\_\_ E-mail \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

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):

\_\_\_\_\_  
\_\_\_\_\_

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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