

Cincinnati Hebrew Day School
2222 Losantiville Road
(513)-351-7777

Samuel and Rachel Boymel Campus
Cincinnati, Ohio 45237
(513)-351-7794 (FAX)

APPLICATION FOR ADMISSION – SCHOOL YEAR _____
COPY OF BIRTH CERTIFICATE MUST BE SUBMITTED

APPLICANT'S NAME _____
Last First Middle Hebrew Name

ADDRESS _____
Last Middle First
TELEPHONE NO. _____
MOTHER CELL PHONE _____
FATHER CELL PHONE _____
EMAIL ADDRESS _____

PLACE OF BIRTH _____
DATE OF BIRTH: (English) _____
(Hebrew) _____
CITY & STATE OF BIRTH: _____

Application is for: (check appropriate program)
____ Nursery (three-year-old) 8:45 – 11:45
____ Extended Option 1 11:45 – 12:45
____ Extended Option 2 11:45 – 4:00
(Availability based on interest)

____ Pre-kindergaren (four-year-old)
____ Kindergarten
____ Grades 1-8 Please indicate grade level _____

Father's Name _____

Mother's Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

____ natural parent ____ other

____ natural parent ____ other

Are parents divorced or separated? _____

If yes, who has custody? _____

FATHER'S OCCUPATION _____

MOTHER'S OCCUPATION _____

BUSINESS ADDRESS _____

BUSINESS ADDRESS _____

BUSINESS TELEPHONE NO. _____

BUSINESS TELEPHONE NO. _____

If either parent has address other than that listed above or if child lives primarily with one parent or guardian, please explain arrangement.

LIST OTHER MEMBERS OF FAMILY

<u>NAME</u>	<u>AGE</u>	<u>SCHOOL ATTENDING</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If mother was not born of a Jewish mother, please supply conversion information.

If child has been adopted, please supply conversion information where applicable.

NAME AND ADDRESS OF GRANDPARENTS

MATERNAL _____

PATERNAL _____

PLEASE LIST GREAT-GRANDPARENTS:

APPLICANT'S PREVIOUS EDUCATION

GENERAL EDUCATION

JUDAIC EDUCATION

School Name: _____

School Name: _____

Address: _____

Address: _____

Last grade attended _____

Last grade attended _____

Special information to be brought to school's attention (learning problems, allergies – food or others, special interests, etc.) If medication is to be dispensed on a daily basis, doctor's orders must be submitted to school.

SYNAGOGUE AFFILIATION _____

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

1) _____	_____	_____	_____
Name	Address	Telephone No.	Relationship

2) _____	_____	_____	_____
Name	Address	Telephone No.	Relationship

COMPLETED MEDICAL FORMS ARE REQUIRED BY THE STATE OF OHIO BEFORE ANY STUDENT MAY ATTEND SCHOOL (SEE ATTACHED PHYSICIAN'S REPORT)

THE EDUCATION PROGRAM AT CINCINNATI HEBREW DAY SCHOOL IS PROVIDED WITHOUT DICRIMINATIONS ON THE BASIS OF RACE, COLOR, SEX, AND NATIONAL ORIGIN.

I understand that my registration is only complete with a copy of my child's birth certificate and copy of updated shots and they are enclosed.

DATE OF APPLICATION _____

PARENT'S SIGNATURE _____ (father)

_____ (mother)

EMERGENCY MEDICAL AUTHORIZATION

Cincinnati Hebrew Day School
(513) 351-7777 (513) 351-7794 (fax)

Student Name _____ Home phone: _____

Work Phone: _____ (father) _____ (mother)

Purpose of this form - To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

Part I (TO GRANT REQUEST)

In the event that the school was unable to contact me at the above numbers, I hereby give my consent for:

(1) The administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist.

Doctor Address: _____ Doctor Phone # _____

Dentist Address: _____ Dentist Phone # _____

(2) The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Please note important facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

DATE

SIGNATURE OF PARENT

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

Part II (REFUSAL TO CONSENT)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the school authorities to take no action.

DATE:

SIGNATURE OF PARENT:

Cincinnati Hebrew Day School
2222 Losantiville Road
Cincinnati, Ohio 45237
(513) 3512-7777
(513) 351-7794 (fax)

**PARENTS PERMISSION FOR THE ADMINISTRATION OF
NON-PRESCRIPTION MEDICATION BY SCHOOL PERSONNEL**

NAME OF CHILD: _____

Name of non-prescription medication to be given: _____

Dosage: _____

At following time(s): _____

Special Instructions: _____

_____ I do not want school personnel to give my child, _____
any non-prescription medication.

_____ I hereby request and give my permission to the principal or his/her delegate (school secretary or other
responsible person) to administer non-prescription medication to my child. (Children's or junior
Tylenol, cough drops, or non-prescription medication brought in with a note from parent).

I understand and acknowledge that school personnel are under no obligation to render the assistance requested, and
that such assistance may, in the absence of a school nurse, be rendered by an employee of the school who is not
medically trained. I hereby release the Cincinnati Hebrew Day School, its Board of Directors, its officials and
employees including the Principal and his/her delegate from any and all liability for damages or injury directly or
indirectly resulting from the performance or failure of performance of the assistance requested.

Date

Parent or Guardian Signature

Cincinnati Hebrew Day School
Blanket Field Trip Form 2009/10 School Year

Dear Parents:

In anticipation of a year of exciting field trips, we are asking if you would sign the general permission form below. This blanket permission slip will suffice as your permission for all field trips in the Cincinnati area during the 2009-2010 school year.

We will be notifying you of upcoming field trips with notes.

Please sign the permission form and return it to school by the first day of school.

Sincerely,

Rabbi Kernerman,
Principal

I, _____, give permission for _____
(Parent/Guardian) (Student)

to go on any local field trip during the 2009-2010 school year by either school bus or private vehicle.

Signed: _____
(Signature of Parent/Guardian) (Date)