

# HEBREW HIGH fall classes

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## attendance policy

2009-2010 • 5770-5771

Our Hebrew High School is concerned for the welfare of your teen and his/her classmates. If students leave the synagogue during school hours and we don't know where they are or with whom they are driving, we cannot guarantee their safety. Therefore, we are once again asking you to review the following guidelines with your teen. Please make sure that you both sign this form.

1. Students are required to remain on the Beth David grounds from 7:00 PM to 9:00 PM and to be in class each hour. Because this is such an important issue, the Education Committee has a longstanding policy whereby "students who cut class will be counseled with their parents once; if it happens a second time, they will be asked to leave the school without a refund of fees." We are sure you will agree with this policy, since it is for the protection of your children.
2. Students are required to attend the classes that they have signed up for. If a student wishes to change a class, this is easily accomplished within the first two class sessions of school by using an add/drop form, available in the school office.
3. Students are expected to respect the building and grounds of Congregation Beth David. Anyone found to have deliberately caused damage, will be asked to pay the full cost of repair.

**Please speak with your teen about the need for these guidelines, and then sign below, along with your teen.**

My teen(s) and I have discussed the attendance and behavior policies for Hebrew High and the safety reasons for adhering to them. I understand that if for any reason s/he will need to miss one of the two classes on any given evening, I will call the school office beforehand.

*Parent or legal guardian*

*Date*

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**I understand and will follow the attendance and behavior policies and I recognize that for my own safety I cannot cut class.**

*Student*

*Grade*

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*Student*

*Grade*

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*Student*

*Grade*

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## Fees Form • One Per Family 2009-2010 • 5770-5771

Instructions: Please read the following policy related to Hebrew High enrollment. Then complete all of the registration forms in full and return them to the synagogue office.

1. Please send in your registration forms and pay all Hebrew High fees in full by Oct. 1.
2. Payment in full, via check (**unfortunately we can no longer accept credit card payments nor can your account be billed**) accompanied by the registration forms is due at time of registration. Please make checks out to Congregation Beth David and include "Hebrew High Fees" in the memo.
3. No child will be prevented from attending Congregation Beth David Hebrew High due to financial hardship. If school tuition is a financial burden, special arrangements can be made. Please contact Yulia Shvarts at 408-366-9109 to request a financial aid form. All information will be kept strictly confidential. These forms are due by September 4. It is important that financial arrangements be settled prior to the beginning of school. Congregation Sinai families should seek financial aid through Congregation Sinai.

Please complete one form per household. Include the names of all students and grades enrolling in Hebrew High and calculate your school fees below: (please print)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's last name (if different) \_\_\_\_\_

Beth David/Sinai Members:	Tuition: _____ teen(s) @\$520 per teen = _____
Non-Members:	Tuition: _____ teen(s) @\$572 per teen = _____
All Students:	Snack Fee: _____ teen(s) @ \$18 per teen = _____
Additional Donation:* Fund _____	Donation = _____
Art Class Fee**:	Art Fee: _____ teen(s) @ \$25 per teen = _____
Senior Kadima Membership (7-8th grade students)	_____ teen(s) @ \$36 per teen = _____
SAUSY Membership (9-12th grade students)	_____ teen(s) @ \$36 per teen = _____

**TOTAL AMOUNT DUE** **Payment + Donation = \_\_\_\_\_**

\*Additional donations help Hebrew High's mission of providing a quality Jewish education for our youth. You may donate to any of several funds. Please see the back page of the catalog for a description of those funds.

\*\* If your teen is signing up for art, there is \$25 fee per teen. Please include a separate check.

If the class is full, the check will be returned.

### Release of Liability/Photo Use Waiver

Please complete one form per household. Include the names of all students and grades enrolling in Hebrew High:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Participation in any activities and use of any recreational facilities while on the Congregation Beth David campus involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the staff, I/we as an individual or as a parent or guardian of the participants assume all risks and hazards incidental to the activities, and release from any responsibility and all liability, claims, costs, damages including attorney fees and costs, and agree to indemnify and hold harmless the teachers, volunteers, and all employees for any illness, injury or damage to me or my teen(s) or family members occurring during, my/his/her/our, participation in any activities, or use of any recreational facilities, on the Congregation Beth David campus (Hebrew High and synagogue) or on a Hebrew High offsite activity.

Parents/Guardians Signatures: \_\_\_\_\_; \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Use Waiver:** I hereby give permission for my teen(s) listed above to be included in photographs to be used in our photo albums, placed in posters that adorn our Beth David hallway, or to be used in Beth David publications.

Parents/Guardians Signatures: \_\_\_\_\_; \_\_\_\_\_ Date: \_\_\_\_\_

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## medical release form

CONGREGATION BETH DAVID HEBREW HIGH SCHOOL 2009-2010 • 5770-5771

Student's Name: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ Parent Email(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Educational, Emotional and Physical Special Needs. Does your teen have an IEP, 504, Behavioral Evaluation or other Education Psychological evaluation for which he / she is receiving accommodations necessary to succeed in school.  
\_\_\_\_\_ YES \_\_\_\_\_ NO.

If you answer yes, you will be mailed a separate form to complete and will be contacted by our Learning Specialist. This information is kept strictly confidential. You will be informed if we feel it is necessary to share this information with your child's instructor(s).

### **EMERGENCY INFORMATION**

IN CASE OF INJURY OR ILLNESS AT SCHOOL a reasonable effort will be made to contact the parent or guardian at the telephone number(s) provided below. In the event that I or the others listed are not available, I give my permission to the staff of Beth David to provide first aid for my teen and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to the nearest emergency medical facility (**at parent/guardian expense**). **Please Initial** \_\_\_\_\_

If injury is serious and a parent cannot be contacted, do you want us to attempt to contact your personal physician?  YES  NO

<u>Contact Name</u>	<u>Home phone</u>	<u>Work Phone</u>
Parent: _____	_____	_____
Parent: _____	_____	_____
Alternate: _____	_____	_____
Dentist (optional): _____	_____	_____
Physician (optional): _____	_____	_____

Insurance Carrier \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_ Policy # \_\_\_\_\_

Physical or Medical Conditions (Allergies, Asthma, Seizures, Bee Stings, etc.) \_\_\_\_\_

If your child has asthma, does he carry an inhaler at all times: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Consent to Emergency Treatment:** In case of emergency, if I or the other responsible adults listed above are unavailable, I authorize and direct the attending physician(s) stated above or physician(s) on duty to perform any necessary and appropriate emergency treatment for the minor whose name appears on this form. I certify that the above information is accurate and up-to-date.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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CONGREGATION BETH DAVID HEBREW HIGH SCHOOL 2009-2010 • 5770-5771

## Authorization for Student to Carry Medication in School TO BE COMPLETED BY PHYSICIAN

**NOTE: Only complete this form if your teen needs to carry medication in school**

I certify that \_\_\_\_\_, D.O.B. \_\_\_\_\_,  
(student's name)

must carry \_\_\_\_\_ with him/her at all times  
(name of medication)

at school due to \_\_\_\_\_.  
(medical condition)

OBSERVABLE ADVERSE REACTIONS THAT MIGHT BE SEEN AT SCHOOL: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ This condition is such that there is inadequate time for the student to go to the office to obtain the medication.

\_\_\_ I have instructed the student in the proper administration of this medication and have certified that he/she needs no adult supervision. I have further instructed the student in the dangers of giving the medication to anyone other than himself/herself. I have discussed the above stated risks and liabilities with the parent.

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's name

\_\_\_\_\_  
Phone

### TO BE COMPLETED BY PARENT/GUARDIAN AND STUDENT

I permit my son/daughter to carry the above listed medication as ordered/approved by his/her physician. I have fully instructed my son/daughter on the proper administration of this medication and certify that he/she does not need adult supervision. I accept responsibility for the appropriate use of this medication by my son/daughter. I am aware of the risks to my son/daughter and other students and assume responsibility for any liability related to the misuse of this medication.

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work/Cellular phone

I have read and understand the medication information above.

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date