

HEBREW HIGH spring classes

registration form

Spring 2012 • 5772

Name _____

Grade _____

Student E-mail _____

Parent E-mail _____

Student Cell Phone _____

Please put 1 for first choice, 2 for second choice, 3 for third choice.

___ COOKIN' WITH THE RABBI

___ JEWGLE

___ U 2 CAN MAKE A DIFFERENCE

___ MARCH OF THE LIVING

**Please complete this
form and return to
the Beth David office.
Classes will be filled
on a first come first
serve basis.**

HEBREW HIGH *spring classes*

attendance policy

2012 • 5772

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." This policy is for the protection of the children.
2. Students are required to attend their core class first hour. Students can select an elective class for second hour. If a student wishes to change an elective class, this is easily accomplished within the first two class sessions of school by speaking with the principal or admin assistant. We are happy to change a teens elective based on availability of space in the class.
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

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

Student

Grade

Student

Grade

Student

Grade

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Fees Form • One Per Family 2012 • 5772

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 February 7.
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 the synagogue office at 408-257-3333 to request a financial aid form. All information will be kept strictly confidential. These forms are due by February 7.
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) @\$260 per teen = _____
Non-Members:	Tuition: _____ teen(s) @\$286 per teen = _____
All Students:	Snack Fee: _____ teen(s) @ \$18 per teen = _____
Additional Donation:* Fund _____	Donation = _____
Cooking or Art Class Fee**:	Fee: _____ teen(s) @ \$12 per teen = _____
Senior Kadima Membership (5th-7th grade students)	_____ teen(s) @ \$18 per teen = _____
SAUSY Membership (8th-12th grade students)	_____ teen(s) @ \$18 per teen = _____

TOTAL AMOUNT DUE **Payment + Donation =** _____

** If your teen is signing up for art or cooking, 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 2012 • 5772

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 2012 • 5772

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

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policies 2012 • 5772

- Students are expected to demonstrate and show *derech eretz* (respect) toward their classmates, teachers, and all school and synagogue personnel and property.
- The high school will follow kashrut in classroom as to the CBD policy (that is, vegetarian and dairy are okay to bring into the class).
- All absences should be reported prior to 6:00 p.m. on the day the student will not attend class. Please call 408-366-9118 to report such an absence. Unreported absences will be followed up by notes and/or phone calls to parents.
- If a student needs to leave early, parents should contact us prior to that evening. Any student who needs to leave Hebrew High during school hours must make arrangements (to include parent communication) with Lindsay, Marni or Ruth. We ask that if you are picking up your teen early please come into the building to pickup your teen.
- We have a zero tolerance policy. Weapons, smoking and using alcohol or illegal drugs and bullying is strictly forbidden at all Hebrew High activities.
- Students are expected to operate vehicles in a safe and appropriate manner in the parking lot. It is everyone's responsibility (passengers, drivers, and pedestrians) to maintain safety in the parking lot.
- No student may be in his/her vehicle in the parking lot between 6 p.m. – 9 p.m. Once students enter the building, they are expected to remain inside until the conclusion of the evening classes.
- In order to maintain an atmosphere conducive to Jewish learning, and an atmosphere of respect for fellow students and faculty, clothing should be appropriate for a school of Jewish learning. Appropriate dress is expected and required of all students.
- No use of electronic devices is allowed during class time (for example cell phones, iPhones, iPods, etc.).

NOTES: The school office will be open at 6:30 p.m. on school nights; this is a good time to see the Principal. Parents who must get in touch with a student immediately should call the Hebrew High cell phone at 650-793-9587.

Please Tear Off and Return



HEBREW HIGH POLICIES SCHOOL YEAR 2012

I have read and agree to abide by the Hebrew High policies. I understand that any violation of any of these policies will lead to immediate disciplinary action.

Student's Name: _____ Date: _____

Parent's Name: _____

Student's Signature: _____

Parent's Signature: _____