

**Agudas Achim Academy
Registration and
Emergency/Medical Information
2011-2012 School Year**

Please fill out a separate registration and emergency/medical information form for each student.

Student Information

Student's Full Name (*Please print*):

Last	First	Middle	Male/Female
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Student's address: _____

City _____ Zip Code _____ Home phone (____) _____

Student's name as it should appear on the class list: _____

Student's Hebrew Name: _____ Student's Birth date: _____

Student's Grade in public / private school, academic year 2011-2012: _____

Has your student attended religious school before? Yes ___ No ___

If yes, where and for how many years: _____

Parent / Guardian Information

Parent(s) / Guardian(s) Name(s): _____

E-mail address: _____

Mother's / Guardian's Work phone: _____ Cell phone: _____

Father's / Guardian's Work phone: _____ Cell phone: _____

The quickest person to reach in case of an emergency is: _____

Mail will be sent to the address at the top of this page. If duplicates of school mailings are to be sent to a parent/guardian residing at an address different from above, please fill out the following:

Name _____ Phone _____

Address _____ City _____ Zip _____

Emergency and Medical Information Form

Student's Name _____ Age _____

Physician _____ Phone _____

Dentist _____ Phone _____

If I am unavailable in an emergency, please contact:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

The following information is to help understand the needs of your child better. If you would prefer to discuss this in person, please call the Academy Administrator's office.

In order to accommodate teaching styles and to help your child, please describe any learning problems or issues your child may have. This should include behavior, medical or emotional issues and learning disabilities.

Does your child take medication on a regular basis that we should know about? Does your child take medication during his/her secular school day that he/she does not take on weekends?

Please list any allergies your child may have. **If your child has a life threatening food allergy, please be clear about treatment for exposure.** If your child has any allergy, it is your responsibility to provide proper medical support in the Academy Administrator's office. We will label and keep epi-pens, anti-histamines, or any other needed supplies in the office for your child.