

5771-5772 - REGISTRATION FORM – 2011-2012  
TIFERET ISRAEL RELIGIOUS SCHOOL  
10909 Hillcrest Road, Dallas, Texas 75230  
(214) 691-3611

STUDENT INFORMATION

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Member of Tiferet Israel \_\_\_ Yes \_\_\_ No Student's email \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age September 1st \_\_\_\_\_ Male/Female (circle one)  
Public School Grade Sept'10 \_\_\_\_\_ Last Religious School: T. I. \_\_\_ Other \_\_\_\_\_ Year \_\_\_ Grade \_\_\_  
Enrolling For: \_\_\_\_\_ Grade \_\_\_\_\_ Rabbi's Class \_\_\_\_\_  
Child Lives With: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

PARENT INFORMATION

Mother's Name \_\_\_\_\_ Mother's Hebrew Name \_\_\_\_\_ email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
  
Father's Name \_\_\_\_\_ Father's Hebrew Name \_\_\_\_\_ email \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please List Parents In Roster \_\_\_ Together or \_\_\_ Separately  
Are both parents biological parents?  Yes  No Are both parents Jewish by birth?  Yes  No

If either answer is no, please explain \_\_\_\_\_  
IN CASE OF EMERGENCY:

Student's Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_  
Person to Contact in Emergency \_\_\_\_\_  
Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Additional Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Registration Fee is payable upon registration and is non-refundable. Fees must be paid in full by August 28<sup>th</sup> or arrangements made prior to August 28<sup>th</sup> through the Business Office. I hereby agree to abide by the rules and regulations of the Congregation and the School as stated in the student/parent handbook. I also agree to pay all fees as required and that all prior financial commitments to the School are paid.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

(Over)

TELL US ABOUT YOUR CHILD

In order for us to better serve and understand the needs of your student, please complete the following section as thoroughly as possible. Does your child show signs of having any of the following?

- Hearing Impairment \_\_\_ yes \_\_\_ no Explain: \_\_\_\_\_
Hyperactivity/ADD \_\_\_ yes \_\_\_ no Explain: \_\_\_\_\_
Special Dietary Needs \_\_\_ yes \_\_\_ no Explain: \_\_\_\_\_
Physical Limitations \_\_\_ yes \_\_\_ no Explain: \_\_\_\_\_
Speech Impairment \_\_\_ yes \_\_\_ no Explain: \_\_\_\_\_
Visual Impairment \_\_\_ yes \_\_\_ no Explain: \_\_\_\_\_
Emotional Concerns \_\_\_ yes \_\_\_ no Explain: \_\_\_\_\_
Allergic To Medication \_\_\_ yes \_\_\_ no Explain: \_\_\_\_\_
Learning Differences \_\_\_ yes \_\_\_ no Explain: \_\_\_\_\_

Is your child currently taking medications that might affect his/her behavior? \_\_\_\_\_

Has your child recently been taken off any medication that affects his/her behavior? \_\_\_\_\_

Additional information about your child:

The undersigned parent(s) of \_\_\_\_\_, hereby consent(s) to his/her participation in Tiferet Israel's Religious School.

Medical Waiver:

I/we hereby authorize Tiferet Israel and its employees and agents to act as my/our agent to consent to or arrange any emergency medical treatment that may be deemed necessary by an attending physician with respect to any illness or injury suffered by my/our child on said activity.

Field Trip Waiver:

My/our child has my permission to go on field trips sponsored by the school. I/we understand they will travel by bus, van or private car and be accompanied by staff and parents. I/we release the Synagogue from all responsibility during supervised activities. It is understood that in the event of behavior unacceptable to the staff, parents will be notified and the child will be sent home at the parents' expense.

Photographic Waiver:

I/we give permission to Tiferet Israel to use any photographs taken for or by the school of my/our child in Tiferet Israel publications and advertising.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_