

Bnos Rabbeinu High School

Emergency Information

Please fill out completely.

Name _____
Last Hebrew English

Home Address _____
Street City State Zip

Home Telephone (_____) _____ Fax Number (_____) _____

Secular Date of Birth _____ Hebrew Date of Birth _____

Mother's Hebrew Name _____ English Name _____

Work Telephone (_____) _____ Fax Number (_____) _____

Father's Hebrew Name _____ English Name _____

Work Telephone (_____) _____ Fax Number (_____) _____

Car phone (_____) _____ Pager Number (_____) _____

Mother's Cellphone _____ Father's Cellphone _____

E-mail address _____ Student's SS# _____

Additional name to contact in an emergency (in _____) Phone _____

Permission Information

I hereby give permission to Bnos Rabbeinu High School and its representatives to seek academic assistance and/or medical treatment for my daughter _____ in the event, G-d forbid, it should be necessary.

My daughter _____ has permission to accompany Bnos Rabbeinu High School on all field trips.

Please circle correct designation for the following:

My daughter DOES DOES NOT have permission to leave school during lunch.

My daughter DOES DOES NOT have permission to take Tylenol/Advil during school.

My daughter DOES DOES NOT have permission to travel by car with a female driver ages 16-18.

Parent's Signature

Date

Insurance Information

PLEASE ENCLOSE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD

Insurance Name _____

Insurance Address _____

Plan # _____ Group # _____

Guarantor's Name _____ SS# _____