

TEMPLE AVODAH
KESHER KEF - HEBREW HIGH SCHOOL
3050 Oceanside Road
Oceanside, New York 11572

ENROLLMENT FORM

Child's Name: _____ Grade: _____

Address : _____

Home phone: _____

Student's Cell Phone: _____

Student's e-mail _____

Parent/Guardian: _____

Parent/Guardian: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Email: _____

Email: _____

Any additional information (special needs, allergies etc.) that we should be aware of:

I understand that dinner is brought in for Keshar Kef from September to April and that a menu with the source of the dinner will be sent home at the beginning of the year. If my child is unable to eat some of the provided food due to allergies I will send in food that he/she is able to eat. (We can provide a gluten free option for most meals)

Signature _____

I give permission for my child's picture to be taken and included on the Temple Avodah Website or bulletin. All images are used without names unless special permission is granted.

Signature _____

If my child _____ should require medical attention due to an accident or illness during school hours and I/we cannot be reached, I/we hereby give permission to call 911 and have emergency treatment administered by school or emergency medical personnel or as directed by 911.

Signature _____