

Shelley Kreiger
Head of School

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Program Manager

NEW STUDENT REGISTRATION FORM 2021-2022 / 5782



Please Complete An Entire Application
For Each New Student And
Submit With Your Tuition Form.

All Information Will Be Kept Confidential.

Attach Recent
Photo Here

STUDENT INFORMATION PLEASE PRINT CLEARLY

NAME: _____
Last First Middle

ADDRESS: _____
No./Street/Apt. City Zip Code

Birth Date _____ Grade Fall '21 _____ Gender: _____

Home Phone (203) _____ - _____ Student's Cell (203) _____ - _____

Student's E-mail _____

Which high school will you attend in September? _____

Which Hebrew/Day School have you attended? _____

PARENT / GUARDIAN INFORMATION (Please include salutation Dr., Rabbi, Mr., Mrs., Ms., etc.)

Parent's Name _____ Cell Phone _____

Occupation _____ Business Phone _____

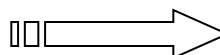
Parent's E-mail _____

Parent's Name _____ Cell Phone _____

Occupation _____ Business Phone _____

Parent's E-mail _____

PLEASE CONTINUE



PARENT / GUARDIAN INFORMATION (Continued)

CURRENT SYNAGOGUE AFFILIATION: _____ N/A _____

PARENTAL MARITAL STATUS: _____

Student Lives With: ☐ Both Parents ☐ Father ☐ Mother ☐ Shared Custody ☐ Other _____

FOR NON-CUSTODIAL PARENT TO RECEIVE MERKAZ INFORMATION, PLEASE COMPLETE THE FOLLOWING:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ - _____ E-mail _____

PLEASE NOTIFY THE MERKAZ OFFICE IMMEDIATELY IF ANY OF THE ABOVE INFORMATION CHANGES.

Merkaz Welcomes And Appreciates Participation From Our Parents.

Would you be interested in volunteering? _____ Yes _____ No

SIBLINGS - Please list the names of younger siblings and grades as of September 2021

Name _____ Grade _____

Name _____ Grade _____

Please share the names and contact information, if available, of high school friends (affiliated or unaffiliated) who you think would be interested in receiving information about Merkaz

Name _____ E-mail _____ Grade _____

Address _____ City _____ Phone _____

Name _____ E-mail _____ Grade _____

Address _____ City _____ Phone _____

GRANDPARENT INFORMATION – (We'll send them pertinent Merkaz information to keep them informed.)

Grandparents' Name(s): _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Grandparents' Name(s): _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

PLEASE CONTINUE



MERKAZ STUDENT / PARENT INFORMATION SECTION 2021-2022

PLEASE PRINT CLEARLY

STUDENT'S NAME: _____ GRADE: _____ PHONE: (203) _____ - _____

STUDENT'S E-MAIL: _____

MERKAZ PERMISSION – AUTHORIZATION FORM 2021 - 2022

PLEASE READ THE FOLLOWING AND CHECK THE APPROPRIATE BOXES BELOW:

- ☐ I give permission to Merkaz to take whatever emergency measures (e.g., first-aid, disaster evacuation) as judged necessary for the care and protection of my child while under the supervision of Merkaz.
- ☐ I understand, that should a medical problem arise, all reasonable attempts will be made to reach the parents/guardians or emergency contact designated on the Registration Form. However, should these attempts fail, and the student requires immediate medical consultation or treatment, I as parent/guardian, hereby authorize such consultation or treatment.
- ☐ We have read and are aware of the Student Policies listed on the Merkaz web site. Specifically, we understand that any use of illegal substances or alcohol by my child will result in immediate disciplinary action.
- ☐ My child may participate in official Merkaz field trips and in Merkaz special programs away from the school facility.
- ☐ We understand that students participating in Special Programs and trips must respect and abide by rules and policies particular to those premises and/or activities.
- ☐ My child may be included in the MERKAZ STUDENT DIRECTORY which includes addresses, E-mail addresses and phone numbers. We understand that the Merkaz Directory is intended as a Directory for the Merkaz students and faculty, and this is explicitly stated in the Directory.
- ☐ We understand and agree not to use or share this Directory outside of Merkaz for any other purposes, other than its intended use.
- ☐ Merkaz has permission to photograph/film my child for art, advertising, on Facebook, our mobile app, and/or the Merkaz website and to use these photographs without compensation or additional restrictions. Merkaz has my permission to use and /or edit comments from evaluation surveys for press releases or marketing materials, such as Facebook, our mobile app, and the website.

WAIVER OF RESPONSIBILITY – Must Be Signed By Both Student And Parent/Guardian

In consideration of services provided by Merkaz Community High School For Judaic Studies, I do hereby release Merkaz of any damage, injuries or other claims, which may arise out of normal and properly supervised activities involved in the Merkaz program.

We have read and agree to all of the above. Should emergency information change, we will immediately notify the Merkaz office at (203) 659-3604 or e-mail at margeryv@merkazct.org.

Student Name (Please Print)

Signature

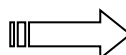
Date ____/____/2021

Parent or Guardian Name (Please Print)

Signature

Date ____/____/2021

PLEASE CONTINUE



CONFIDENTIAL MERKAZ 2021-2022 MEDICAL INFORMATION

STUDENT'S NAME: _____

In order to best accommodate your child's needs and serve the school community, it is important that the Merkaz office is advised of any pre-existing conditions or educational concerns associated with your child. All information is confidential and will only be shared with the child's teacher when appropriate. Please take a few minutes to answer the following questions if applicable. Please be as specific as possible.

1. PLEASE LIST HEALTH / MEDICAL CONDITIONS, MEDICATIONS, OR SPECIAL TREATMENTS REGARDING YOUR CHILD. (i.e., Epi-Pen, Allergies, Chronic Conditions, etc.) Please explain:

2. PLEASE LIST SPECIAL NEEDS, LEARNING DISABILITIES, SOCIAL, EMOTIONAL, OR FAMILY ISSUES WHICH MAY AFFECT YOUR CHILD'S LEARNING. Please explain and include accommodations which may be of assistance.

3. DESCRIBE ANY SPECIAL EDUCATION SERVICES YOUR CHILD RECEIVES IN HIS/HER REGULAR EDUCATIONAL PROGRAM.

4. PLEASE LIST ANY DIETARY RESTRICTIONS AND / OR ALLERGIES THE STUDENT MAY HAVE. (Please explain):

IF PARENTS/GUARDIANS CANNOT BE REACHED, IN CASE OF EMERGENCY CALL:

NAME: _____ RELATIONSHIP: _____

PHONE: (_____) _____ - _____ CELL PHONE: (_____) _____ - _____

PHYSICIAN'S NAME: _____ PHONE NUMBER: _____

Signature of Parent or Guardian

Date
