

## REENROLLMENT FORM 2016 - 2017

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Will your child need *Before and/or After Care*? Before  After  Both

Please indicate an **email address** to which information about school events can be sent:

\_\_\_\_\_

Are there any changes in your child's need to take medication on a regular basis: Yes  No

If yes, please explain **and** complete the *Drug Authorization Form*. \_\_\_\_\_

\_\_\_\_\_

Are there any changes to work or cell phone numbers, emergency contacts and/or phone numbers, physician or hospital choice? If so, please specify:

\_\_\_\_\_

\_\_\_\_\_

Are there any changes in how your child will be transported to and from school and/or who is authorized to pick up your child? If so, please specify:

\_\_\_\_\_

\_\_\_\_\_

Are there any changes in where the child resides? \_\_\_\_\_

\_\_\_\_\_

The undersigned does hereby grant permission for \_\_\_\_\_ (child's name)

Last First

to participate in The Academy, at 6401 N. Santa Monica Blvd., and hereby permits him/her to accompany an authorized staff member on field trips related to the school program, and I grant permission for pictures of my child to be used in The Academy's promotional publications.

\_\_\_\_\_

Parent Signature

**\*\*Hillel Academy admits students of any race, color, national and ethnic origin, to all the rights and privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administrated programs.**

The admission of students is, however, limited to members of the Jewish faith.