

**The Alvin Browdy Religious School of
Ohr Kodesh Congregation**
8300 Meadowbrook Lane
Chevy Chase, Maryland 20815
2004- 2005 (5765) School Registration Form

1. Student's Name _____ Date _____ of
Birth _____
First Middle Last

Public School _____ Entering Grade _____

Student's Hebrew Name _____ Entering Rel. School Gr. _____

2. Student's Name _____ Date _____ of
Birth _____
First Middle Last

Public School _____ Entering Grade _____

Student's Hebrew Name _____ Entering Rel. School Gr. _____

Family Data

_____ Ohr Kodesh Member _____ Other Synagogue Member _____ Unaffiliated (K-2)

Mother's Name _____ Occupation _____

Mother's Address _____

Mother's Phone's Home _____ Work _____

Father's Name _____ Occupation _____

Father's Address _____

Father's Phone's Home _____ Work _____

Student lives with _____ mother _____ father _____ both _____ other

E-mail address _____ whose? _____

Please check if applicable:

My child _____ is new to the school this year.

- My child _____ is in his/her Bar/Bat Mitzvah year.
- My child _____ is registered for Israel Quest.

**OHR KODESH RELIGIOUS SCHOOL
APPLICATION FORM 2004 - 2005
MEDICAL RELEASE**

Every Student of the Ohr Kodesh Religious School must have this form on file in order to insure his or her safety during school sponsored programs. A separate permission form will be sent out prior to each field trip.

In the event that I cannot be reached in an emergency, I hereby give permission for my child

_____, a student of the Ohr Kodesh Religious School to be treated by a physician or hospital selected by the staff member in charge.

I hereby release the Ohr Kodesh Religious School and Ohr Kodesh Congregation and their employees from any liability in the case of an accident or injury while participating in school-sponsored activities.

Parent's Signature _____ Date _____

Parent's Name (printed) _____

Parent's Complete Address _____

Home phone _____ Business phone _____

Other phone (whose) _____

Child's physician's Name, Address and Phone Number:

Insurance carrier _____ Group/ID Number _____

One or more emergency names and numbers in the event the parent listed above cannot be reached.

Name Relationship to child phone number

Name Relationship to child phone number

