



Temple Emanuel  
Welcome Home

## Temple Emanuel Student Information 2019-2020

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Fall 2019: \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_

Student email: \_\_\_\_\_ Student Cell: \_\_\_\_\_

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

(If child resides at more than one address, please explain his or her living situation below)

Home Phone: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Parent #1 Cell: \_\_\_\_\_

Parent #1 email: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Parent #2 Cell: \_\_\_\_\_

Parent #2 email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Regular Medications & Dosage \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ ID#: \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_