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Website: www.nste.org.au | ABN 69 000 326 456 | Affiliated with the Union for Progressive Judaism

MEAH HEBREW AND RELIGION SCHOOL

Registration Form 2019 - 5779/80

PLEASE COMPLETE IN BLOCK LETTERS

Student's Surname: _____ Student's First Name: _____
Student's Hebrew Name: _____ ben/bat _____ v' _____
Date of Birth: _____ / _____ / _____ Course Title: "*Al Shlosha Devarim - On 3 Things*"
 D M Y
School: _____ School Grade (as of Feb 2019): _____

Parent or Guardian 1 Information

Full Name: _____ NSTE Member? YES / NO
Street Address: _____
Suburb: _____ Post Code: _____
Tel. Home: _____ Tel. Work: _____
Mobile: _____ Email: _____
Occupation: _____ Business Name: _____
Marital Status: _____ Religion: _____

Parent or Guardian 2 Information

Full Name: _____ NSTE Member? YES / NO
Street Address: _____
Suburb: _____ Post Code: _____
Tel. Home: _____ Tel. Work: _____
Mobile: _____ Email: _____
Occupation: _____ Business Name: _____
Marital Status: _____ Religion: _____

Supplementary Student Information

Any known learning disabilities (e.g. Dyslexia, ADD, sight or hearing impediment, etc):

Any medical information that we should know (medications, allergies, chronic conditions, etc):

Any dietary restrictions:

Any special personal or family situations which may have significant effect on the student:

Has the student(s) attended any other Hebrew Schools? YES / NO

If so, which schools and which dates attended?

Reason for Hebrew School change:

Is there anything else we should know about the student or student's family?

We believe that our responsibility to our students continues until such time as the student is safely and securely in the custody of a parent or guardian. Other than the parents or legal guardians, into whose custody may the student be released?

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

COMMENTS _____

Please notify the School Administration Office of any custodial changes.

Parental Consent Forms

For Activities away from North Shore Temple Emanuel

Prior notice will be given for all excursions and activities away from the school. If you do not sign the consent form, your child will not be able to join to the excursions.

I give my child, _____, permission (upon proper notificaton) to participate in any supervised curricular or extracurricular activities sponsored by the North Shore Temple Emanuel. I understand that this may include leaving the North Shore Temple Emanuel property and travelling by public or private transport.

(Date)

(Signature)

(Relationship)

For Emergency Medical Care

Parents will be notified immediately in the event of an emergency involving their child.

Family Medicare Number _____

Private Health Fund _____ Membership Number: _____

Name of Family Physician _____ Phone number: _____

Address _____

In the event of an emergency involving my child, _____, I give my consent for North Shore Temple Emanuel to seek and administer the appropriate medical care at my expense, with the understanding that I will be notified as soon as possible of any such incident.

(Date) (Signature) (Relationship)

Release and Indemnity

I the undersigned, _____, agree that neither the North Shore Temple Emanuel Limited ("the Temple") nor the North Shore Temple Emanuel Hebrew and Religion School ("the School") will be responsible for any injury or loss which my child may suffer while attending the School. I accordingly hereby release the Temple and the School as well as all of its officers, staff (both administrative and non-administrative) from any liability for any such injury or loss and indemnify each of them against all actions, claims or proceedings which may be brought against all or any of them by reason thereof.

(Date) (Signature) (Relationship)

Withdrawal of a Student from the School

We would appreciate it if you would notify the school if your child is withdrawing from the school for any reason at any time.

In the event of my child leaving North Shore Temple Emanuel Hebrew and Religion School, I agree to notify the School of our intent to leave and our reasons for leaving as soon as possible. I acknowledge that in this event, there will be no refund of fees.

(Date) (Signature) (Relationship)

I/We, the undersigned, _____ and _____ agree to pay fees for the attendance of my/our child/ren either together or severally.

Year 7 Meah Hebrew and Religion School Fees (not included in B' mitzvah fee). Payment is due by first term (instalments available if required), invoices will be sent.

Item	Member	Non-member
Tuition Fee	\$600	750
Sibling Tuition Fee*	\$515	\$644
Books & materials levy	\$90	\$90

* Discount is available for tuition fee for any year 7 students with younger siblings in Meah in 2019.

Parent/Guardian 1:

(Date) (Signature) (Relationship)

Parent/Guardian 2:

(Date) (Signature) (Relationship)

Please tick if applicable:

Class lists:

- I am willing to have the name(s) of my child/ren and contact details (phone number and email) of my the listed parents / guardians, included on a class list for distribution to other family / class members.

Netzer:

- I give permission for my home phone number and email address to be given to Netzer, our Progressive Zionist Youth Movement, so they can contact me directly.

Photos:

I give permission for my child's/children's photos to be shared:

- On NSTE Campus
- On NSTE Campus and in Hebrew & Religion School emails
- On NSTE website
- On NSTE website and in NSTE email communications
- Publication in the Australian Jewish News / other publications
- Social Media
- All of the above