



New Student Enrollment Form

Part A: Information Sheet (please complete all sections)

Student's name: _____

Student's full Hebrew name: _____

Student's birth date: _____

Street Address: _____

Home phone number: _____

Cell phone number: _____

Student's current grade: _____

School currently attending: _____

Schools attended previously (include years):

Names and ages of siblings: _____

Father's name: _____

Hebrew name: _____

Street address: _____

Cell phone number: _____ Email: _____

Occupation: _____ Employer: _____

Work address: _____

Mother's name: _____

Hebrew name: _____

Street address: _____

Cell phone number: _____ Email: _____

Occupation: _____ Employer: _____

Work address: _____

Parent's marital status: _____

Shul/Synagogue: _____

Affiliation: _____

Rabbi's name: _____

Phone number: _____

Part B: To be filled out by student.

1. What is your favorite subject and why? _____

2. What is your least favorite subject and why? _____

3. How have you spent your last two summers? _____

4. List some activities you enjoy in your spare time: _____

5. Choose one person in your life who has made an impression on you. Why? _____

6. What are some of your talents? Describe way in which you've used them: _____

7. List one goal that you hope to accomplish this year in school.

Optional: Have we forgotten to ask you something that you'd like to tell us? _____

PERMISSION TO TREAT

As a parent / guardian, I give permission for my daughter, _____ to receive medical treatment as deemed necessary while attending BINA High School during the **2024-2025** school year. I further authorize employees and representatives of BINA High School to act on my behalf to obtain necessary medical treatment.

Signed: _____
(Signature of Parent/ Guardian)

HEALTH INSURANCE INFORMATION

Primary Card Holder's Full Name: _____

Primary Card Holder's SS#: _____

Primary Card Holder's Address: _____

Primary Card Holder's Insurance Contract #: _____

Please attach a copy of the front and back of your insurance card.

PERMISSION TO ADMINISTER PRESCRIBED MEDICATION (IF APPLICABLE)

As a parent/ guardian, I give permission for my daughter, _____, to receive prescribed medication as deemed necessary while attending BINA High School during the 2024-2025 school year.

(Signature of Parent / Guardian)

What prescribed medication does your child need to be administered during school?

List current health conditions (i.e. asthma/allergies, etc)*

List current medications and dose

* If your child has asthma or allergies, the school office must be given an EpiPen or inhaler before the first day of school.

PERMISSION TO ADMINISTER MEDICATION (IF APPLICABLE)

(Signature of Parent / Guardian)

As a parent/ guardian, I give permission for my daughter, _____, to receive over-the-counter medications such as Tylenol, Advil, Benadryl etc. as deemed necessary while attending BINA High School during the 2024-2025 school year.

Please check one:

Yes

No

Only after receiving verbal permission from a parent or guardian

HANDBOOK SIGNATURE (THE HANDBOOK IS AVAILABLE ON OUR WEBSITE)

We have read the 2024-2025 Student Handbook in its entirety, and agree to comply with all the rules and policies therein.

Parent Signature: _____

Student Signature: _____

“GIVE OR GET”

I commit to raising at least \$1,000 over the course of the year as part of BINA’s “Give or Get” Program. I understand that BINA will provide fundraising opportunities throughout the year which will assist me in fulfilling this obligation. I also may use volunteer time at a prearranged rate as way to fulfill this obligation. If I am unable to fulfill this fundraising requirement, I understand that I will be billed and held responsible for the remaining obligation.

Parent Signature: _____

FIELD TRIP PERMISSION FORM

This form will suffice as your permission for all field trips.

I, _____, give permission for _____
(Parent / Guardian) *(Student)*

to participate in all field trips planned by BINA High School.

Signed: _____

(Signature of Parent / Guardian)

PHOTO RELEASE

I hereby irrevocably consent to and authorize the use and reproduction by BINA High School of any and all photographs which you have taken of me for any purpose whatsoever. I agree that these photographs constitute BINA property, solely and completely.

Photo Subject (Student): _____

Signature of Subject: _____

Signature of Parent or
Guardian, if minor _____

INTERNET RELEASE

I, _____, give permission for my daughter, _____
(Parent/ Guardian) *(Student)*
to use the Internet under supervision at school for various projects and assignments.

Signed: _____

