

Beit Midrash 2006-2007

BRIT KEHILLA / CODE OF CONDUCT

Student Name _____ Parents' Names _____

Emergency Contact Name and Numbers _____
(other than parent in the event you cannot be reached)

Student's Home Telephone # _____

Vandalism to the site of Jacksonville Jewish Center is clearly unacceptable behavior. Parents agree to be financially responsible for any damages caused by their teen. Any student involved in anti-social behavior will be suspended for the remainder of the school year.

Beit Midrash is held in a place of worship. Beit Midrash students are expected to behave in a way that is commensurate to the facility in which they learn. Inappropriate behavior will not be tolerated by the faculty and administration of Beit Midrash. Students who exhibit behavior inappropriate to this learning institution will be dealt with according to the disciplinary policy of Beit Midrash (see Discipline Policy on p.4). There is no smoking in or on the property of Jacksonville Jewish Center. The possession or use of drugs or alcohol on site will result in immediate expulsion.

Student Name _____ Student Signature _____ Date _____

Parent Name _____ Parent Signature _____ Date _____

RELEASE FROM LIABILITY

I hereby grant permission for my child _____ (print your child's name), to participate in Beit Midrash Hebrew High School, a program of the Jacksonville Jewish Federation and to participate in any and all activities and field trips with Beit Midrash during this school year. In consideration of my child's acceptance to Beit Midrash, I hereby waive any and all claims against Beit Midrash, the Jacksonville Jewish Federation, its agents and employees, that may arrive out of any injury, loss or damage suffered by my child at Beit Midrash. I hereby hold harmless and release Beit Midrash and/or its representatives and agents from any liability regarding thereto, including, but not limited to, transportation to and from all activities related to field trips.

Student Name _____ Student Signature _____ Date _____

Parent Name _____ Parent Signature _____ Date _____

EMERGENCY MEDICAL RELEASE

I hereby authorize the employees of Beit Midrash Hebrew High School to act as my agent to consent to and/or arrange for any emergency medical treatment that may be deemed necessary by any licensed doctor, nurse, paramedic, or member of a medical staff of a hospital, with respect to any illness or injury suffered by my child _____ (print your child's name), during Beit Midrash.

Student Name _____ Student Signature _____ Date _____

Parent Name _____ Parent Signature _____ Date _____

TEEN FORUM

The following must be signed if your child has selected TEEN FORUM as one of his/her elective classes:

I hereby grant permission for my child, _____, to participate in Teen Forum.