

Please fill out the following form and return it to school ASAP. This information will be kept confidential and will help ensure the safety of all dorm residents.

Bnos Menachem School Dorm Record

Full Legal Name _____

Address _____

Date of Birth _____ Hebrew Birthday _____

Age _____ SS# _____ Grade entering _____

Home Phone _____

Student's Cell Phone _____ Email _____

Mother's Cell Phone _____ Email _____

Father's Cell Phone _____ Email _____

2 Emergency contacts

Name # Relationship

Name # Relationship

Family Doctor _____

Name #

Health concerns: _____

Allergies: _____

In case of emergency, if parents or contacts cannot be reached, the dorm mother or dorm counselors are authorized to seek medical treatment on _____ (student's) behalf.

Parent's Signature _____ Date _____

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

Dorm Health Disclosure

All information will be kept confidential and is necessary for the health and safety of your child.

We may call you for further clarification if needed)

Student Name: _____

Grade entering in September: _____

- 1) Student has current active health issues Yes _____ No _____
- 2) If yes, please elaborate: _____

- 3) Please indicate if your child has been exposed to, dealt with or engaged in any of the following:

__ Self harm	__ Suicidal thoughts
__ Alcohol intake	__ Eating disorder
__ Substance abuse	

Explain if necessary:

- 4) Is student seeing a therapist? Yes _____ No _____
 - 5) Is student taking any medication? Yes _____ No _____
- Explain if necessary: _____

- 6) In the event of an emergency or dorm closure, please designate a family friend or relative who will be able to house your child if there is an extreme situation.

Name: _____

Address: _____

Phone Number: _____

All of the above is true to the best of my knowledge. I understand that if any of the above is found to be untruthful, my child may be asked to leave the dorm or the school.

Parent's Signature: _____

Doctor's Name: _____

Doctor's Signature: _____

Dorm Smartphone Contract

- I confirm that my daughter, _____, has only the approved Kphone or flip phone.
- I understand that if my daughter is found with another smart phone, it will be confiscated and not returned.

Mother's Signature

Mother's Name

Date

Father's Signature

Father's Name

Date

Consent form

I am looking forward to being a part of the Bnos Menachem Dormitory Family!

I have carefully read through the dormitory handbook and I understand that I will do my best to abide by all the rules and regulations including the Tznius and Cell phone policy.

Student's Signature: _____

Date: _____

Name of Student (print): _____

Parent's Signature: _____

Date: _____