

**PLEASE PRINT
ALL INFORMATION!**

INDIANAPOLIS HEBREW CONGREGATION
Derech Torah
EMERGENCY MEDICAL & OUT OF BUILDING FORM
2019-2020 School Year
Use **ONE** form **Per Family**.

Medical Information
Page 1 of 2

STUDENT(S) INFORMATION

DATE: _____

1.
Student Name _____ Birth Date _____ Grade _____
Any specific medical problems (i.e. migraines, asthma, diabetic seizures, etc.) _____

Allergies, including food, medications & insect stings _____
____ Uses rescue medicine ____ Inhaler – Medication Name: _____
Instructions: _____
____ carries Epi-Pen w/ him/her ____ will give school an Epi-Pen

FOR OFFICE USE:
If medication left at IHC: Location Stored in _____ classroom ____ RS Office / Received by: _____ Date: _____

2.
Student Name _____ Birth Date _____ Grade _____
Any specific medical problems (i.e. migraines, asthma, diabetic seizures, etc.) _____

Allergies, including food, medications & insect stings _____
____ Uses rescue medicine ____ Inhaler – Medication Name: _____
Instructions: _____
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FOR OFFICE USE:
If medication left at IHC: Location Stored in _____ classroom ____ RS Office / Received by: _____ Date: _____

Derech Torah Tuition & Fees ~ Grades 8-10

2019-2020 / 5780

Use ONE Form Per Derech Torah Family

- Tuition by June 15 - \$400 (Grade 8, 9 & 10)
If paying by credit card, you must add an additional \$12 to cover credit card fees.

Must be received in the RS office or postmarked by June 15.

- Late Tuition – \$450 per student (Grade 8, 9 & 10) after June 15 *[Late tuition does not apply to new students].*
If paying by credit card, you must add an additional \$13.50 to cover credit card fees.
- Tuition is due at the time of registration unless other payment arrangements have been made with the Education Office.
- Make checks payable to: IHC. Mark all checks for **Derech Torah** and send directly to the Education Office.
- Religious School (K-7 Grades) is separate.

Parent/Guardian(s) Name:			
<i>Derech Torah</i> – Grade 8, 9 & 10 STUDENT(S) NAME	<u>Grade</u>	<u>Tuition By June 15 & New Students 8, 9 & 10</u>	<u>Tuition After June 15 8, 9 & 10</u>
1)		\$400	\$450
2)		\$400	\$450
3)		\$400	\$450
TOTAL DERECH TORAH TUITION DUE:		\$	\$
Check Enclosed:	Check #	Amount: \$	

Charge the Tuition to (form must be complete) / 3% credit card processing fee will be added to your payment.		
Circle: Mastercard or VISA #		
Expiration Date:	3 Digit Security Code:	Amount Paid: \$
Name as it Appears on Card:		Phone:
Card Billing Address:		
City / State / Zip Code:		
Cardholder's Signature:		

FOR OFFICE USE ONLY

DATE RECEIVED:	CHECK # / CREDIT CARD	PA: