



The Silver Academy
Central PA's *only* Jewish Day School

3301 North Front Street
Harrisburg, PA 17110
717.238.8775 tel
717.238.8773 fax

Visiting Student Participation Form

In order to participate as a student in a Silver Academy classroom the following information is required prior to admission to the classroom.

I am requesting that the child listed below be allowed to participate in a Silver Academy classroom as noted

_____	_____
Name of Child	Date of Birth
Grade in which you are requesting the child to participate	_____
Date(s) for which you are requesting the child participate with this class	
_____	_____
Date(s)	Time

Emergency information

Primary contact _____	Phone _____
Alternate contact _____	Phone _____

Medical (Use the back of the form if more space is needed)

Allergies _____

Medications (prescription) _____

Medications (non-prescription) _____

Specific things that it is important to know for us to make this a more meaningful experience for your child and the children in the classroom (Use the back of the form if more space is needed)

I hereby agree to release and indemnify The Rabbi David L. Silver Yeshiva Academy, its Board of Directors, officers, employees and agents for all claims, liabilities, losses, damages and expenses of every character whatsoever, for bodily injury, sickness and /or disease, including death, occurring to this child occurring while participating in school activities, including travel to and from school.

_____	_____
Parent/Guardian Signature	Date