

Temple Beth Shalom Religious School

Registration Form

(Please complete a separate form for each child)

Print clearly and mark N/A if requested information does not apply

Student's Last Name _____ First Name _____

Hebrew Name _____

Gender (M/F) ____ Date of Birth _____ Age ____ Grade in Sept. _____

Home Address _____ City/Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Secular School _____ City/District _____

Has your child attended a Religious School prior to this one? _____

If yes, what congregation? _____ How long? _____

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Mother's Name _____ Father's Name _____

Address (if different than student's) _____ Address (if different than student's) _____

Home Phone (____) _____

Home Phone (____) _____

Cell Phone (____) _____

Cell Phone (____) _____

Bus. Phone (____) _____

Bus. Phone (____) _____

E-Mail _____

E-Mail _____

Marital Status _____

Marital Status _____

Spouse's Name _____

Spouse's Name _____

With whom does the student reside? _____

Parent responsible for student on religious school days? _____

Is the student receiving other formal religious instruction?

Please describe any special interests or talents your child has.

Please describe any special needs your child has or conditions of which we should know about.

Please list any medications your child takes.

Please describe any allergies/allergic reactions.
