

**Temple Beth Shalom Religious School**  
Registration Form for 2021-2022 School Year

(Please complete a separate form for each child)  
*Print clearly and mark N/A if requested information does not apply*

**Student Information**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Hebrew Name (if known) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Sept. \_\_\_\_\_  
Primary Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Secular School \_\_\_\_\_ City/District \_\_\_\_\_

**New Students Only**

Has your child attended a Religious School prior to this one? \_\_\_\_\_  
If yes, what congregation? \_\_\_\_\_ How long? \_\_\_\_\_  
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**Parent Information**

Parent / Guardian 1 _____	Parent / Guardian 2 _____
Address (if different than student's) _____	Address (if different than student's) _____
Home Phone (____) _____	Home Phone (____) _____
Cell Phone (____) _____	Cell Phone (____) _____
E-Mail _____	E-Mail _____
Relation to Student _____	Relation to Student _____

**Additional Information**

Is the student receiving other formal religious instruction?  
\_\_\_\_\_

Please describe any special interests or talents your child has.  
\_\_\_\_\_

Is the student involved in other youth groups?  
\_\_\_\_\_