

Religious School Registration Form

NEW STUDENT

Child's Name _____
First Last

Hebrew Name _____
son/daughter of Father Mother

Birth Date _____ Secular School Grade _____

Secular School _____

E-Mail Address _____

Home Address _____

Home Phone _____

Father's Name _____ Mother's Name _____

Father's Business Phone _____ Mother's Business Phone _____

In case of emergency, call

Name _____ Relationship _____ Phone _____

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Would you be interested in serving on the school committee? _____

Would you be willing to serve as a Room Parent to help plan class and school activities? _____

If parents are divorced or separated, please complete the following:

With which parent does (do) the child(ren) live? _____

If remarried, list name(s) of current spouse(s): _____

Do you wish mailings to go to both parents? _____ If yes, please list names and additional addresses:

Knowing the child's family situation will enable us to serve you and your child sensitively and appropriately. Some of the following questions are necessary because in Jewish law a person is Jewish if s/he is born of a Jewish mother or has converted to Judaism. This is important in major life cycle events, such as *Bar/Bat Mitzvah*, marriage and death. The rabbi is available to discuss any questions you may have. Please feel free to contact her.

THE FOLLOWING INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE

Father is Jewish:

By birth

By conversion (date _____)

No

Mother is Jewish:

By birth

By conversion (date _____)

No

If converted, who performed the conversion(s)? _____

Is this rabbi Conservative, Orthodox, Reform, Other? (Circle one) If other, please explain.

Did the conversion involve a *Bet Din*, *tevillah* (ritual immersion), and for a man *brit milah* (circumcision) or *hattafat dam brit* (ritual drawing of blood)?

Is the maternal grandmother Jewish:

By birth

By conversion (date _____)

No

Was the child born Jewish (i.e., the mother was born Jewish or converted prior to the birth)? _____

If not, has the child been converted to Judaism? _____

If the child is adopted, is the birth mother of the child Jewish? _____

If not, has the child been converted to Judaism? _____

Are there any special circumstances regarding this child's Jewish identity that we should be aware of? If so, please check the box below and the rabbi will give you a call.

Please describe any physical or learning problems which might affect this student's performance and/or participation.

If you would prefer to discuss any of the above personally and confidentially with the school principal/rabbi, please indicate your desire for a call: Yes No

Additional comments: _____
