

Religious School Registration Form

RETURNING 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 _____

Name _____ Relationship _____ Phone _____

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:

Is there any pertinent information the Hebrew School Teachers should be aware of?

