

5770 RELIGIOUS SCHOOL REGISTRATION FORM 2009-2010

STUDENT'S NAME _____ HEBREW NAME _____
 DATE OF BIRTH _____ HOME PHONE _____
 ADDRESS _____
 PUBLIC SCHOOL _____
 GRADE IN SEPTEMBER 2009 _____

FATHER'S NAME _____ HOME PHONE* _____
 HOME ADDRESS* _____ BUSINESS PHONE _____
 CELL PHONE _____
 MOTHER'S NAME _____ HOME PHONE* _____
 HOME ADDRESS* _____ BUSINESS PHONE _____
 CELL PHONE _____

*if different from that of student
 IMPORTANT*****PARENT'S E-MAIL ADDRESS(ES)

Please supply at least one e-mail address – important weekly notices are sent by e-mail

OTHER CHILDREN AT HOME

NAME	DATE OF BIRTH	HEBREW NAME	HEBREW SCHOOL GRADE	PUBLIC SCHOOL GRADE

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Has the student previously attended another religious school? Yes No
 Name of school: _____
- Does the student have any learning, emotional, or physical disabilities? Yes No
 Please explain: _____
- Is the student involved in a special educational program in public school? Yes No
 Please explain: _____

A check in the amount of \$100.00 must accompany this registration form by May 29th. Your 2008-2009 tuition bill must be paid in full for this 2009-2010 registration to be accepted. Primary School tuition for students of non-members must be paid in full at the time of registration. All Religious School student families (Aleph-Hey) must be members of Temple Beth Ahm. Tuition must be paid in full by September 1st. Please advise the office manager of any difficulties. Book forms will be mailed in July and must be paid by Aug 25th.

 Parent's Signature Date

 Parent's Name – please print

TEMPLE USE ONLY: DATE RECEIVED: _____ AMOUNT: \$ _____