



For Office Use Only

Rec'd _____
 Amt Due: _____
 Amt. Rec'd _____
 Check #: _____
 C. Code: _____

RELIGIOUS SCHOOL

5780/2019-2020 STUDENT ENROLLMENT FORM

Please complete one form for each student

Student Name: _____ Phone Number: _____
 (Last, First, Middle)

Hebrew Name: _____ Grade Entering in Fall: _____

Address: _____ City/Zip: _____

Public/Private School: _____ Date of Birth: _____

Parent Name: _____ Parent Name: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Parent E-mail: _____ Parent E-mail: _____

Fax #: _____ Fax #: _____

Parent Information does not need to be repeated for multiple child form!

Home Address: _____ Home Address: _____

City/Zip: _____ City/Zip: _____

Phone: _____ Phone: _____

Names of Siblings Birthdate Grade '19-'20 Name of Public/Private School

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- _____ I would be interested in talking with Ira about being a substitute teacher.
- _____ There has been a change in our family situation since last year.
- _____ I am interested in serving on the Religious School Vision Team. **Please call me.**
- _____ I am interested in being a Room Parent. **Please call me.**
- _____ I do not wish my child's address & phone number to be distributed to schoolmates.
- _____ I do not want photos of my child published on the Temple web site or in newspapers.
- (Note: students will not be identified individually in any photos.)