

TEMPLE BETH SHALOM RELIGIOUS SCHOOL
STUDENT REGISTRATION FORM-5772, 2011-2012

Grade _____

PLEASE FILL OUT ONE PER STUDENT

Student's Full Name _____		2011-12 RS Grade _____	
Last _____	First _____	MI _____	Family Name (if different) _____
Hebrew Name _____		Birth date _____	
Parent #1 Name _____		Jewish? Y / N	Parent #2 Name _____
		Jewish? Y / N	
Address _____			
Street _____		City _____	Zip _____
Home Phone _____		E-Mail _____	
Name of secular school _____		Grade in secular school (as of 9/2011) _____	

Grade/year first attended Temple Beth Shalom as a student: _____

Any other non-Jewish religious education? _____ Where? _____

Does student take any medication on a regular basis? No _____ Yes _____
If yes, what? _____

Please describe any special needs your child has: _____

Does he/she receive any special education services at school? No _____ Yes _____
If yes, please describe _____

Please describe any accommodations your child requires to be successful at school:

Other information the teacher should know about this student
(e.g. special interests, food allergies, behavior concerns):

I give permission for my child to be photographed during Religious School activities and for the pictures to be used by the school? Yes _____ No _____

Parent's Signature _____

Date _____