

TEMPLE BETH SHALOM RELIGIOUS SCHOOL
STUDENT REGISTRATION FORM 5771, 2010-2011

Office Use: _____

PLEASE FILL OUT ONE PER STUDENT

Student's Full Name _____				10-11 RS Grade _____	
Last	First	MI	Family Name (if different)		
Hebrew Name _____				Birthdate _____	
Parent #1 Name _____		Jewish? Y / N	Parent #2 Name _____		Jewish? Y / N
Address _____					
Street			City		Zip
Home Phone () _____ - _____			Child's E-Mail Address _____		
Name of secular school _____				Grade in secular school (as of 09/2010) _____	

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 _____