

TEMPLE BETH SHALOM RELIGIOUS SCHOOL  
STUDENT REGISTRATION FORM 5770, 2009-2010

Office Use: \_\_\_\_\_

**PLEASE FILL OUT ONE PER STUDENT**

<b>Student's Full Name</b> _____				<b>09-10 RS Grade</b> _____	
<b>Last</b>	<b>First</b>	<b>MI</b>	<b>Family Name (if different)</b>		
<b>Hebrew Name</b> _____				<b>Birthdate</b> _____	
<b>Parent #1 Name</b> _____		<b>Jewish? Y / N</b>	<b>Parent #2 Name</b> _____		<b>Jewish? Y / N</b>
<b>Address</b> _____					
<b>Street</b>			<b>City</b>		<b>Zip</b>
<b>Home Phone ( )</b> _____		<b>-</b> _____	<b>Child's E-Mail Address</b> _____		
<b>Name of secular school</b> _____				<b>Grade in secular school (as of 9/09)</b> _____	

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 \_\_\_\_\_