

TEMPLE ANSHE SHOLOM RELIGIOUS SCHOOL REGISTRATION FORM

Student Information:

Last Name _____

First Name _____

Hebrew Name _____

Date of Birth (mm/dd/yyyy) _____ Gender: Male / Female

Public School Name _____

Grade Level _____ Mother Jewish: Yes _____ No _____

Is your child being formally educated in another religion? Yes _____ No _____



Parent A's Information

Parent's Name _____

Address _____

City _____

Postal Code _____

Home Phone No. _____

Cell Phone No. _____

Work Phone No. _____

E-mail Address _____

Parent B's Information

Parent's Name _____

Address _____

City _____

Postal Code _____

Home Phone No. _____

Cell Phone No. _____

Work Phone No. _____

E-mail Address _____

Parents Please Complete

- I give my permission for my child to participate in outdoor activities in the park and playground beside the school, supervised and monitored by school staff.
- I give my permission for use of my child's photograph in any additional material for the Temple.

PARENT'S SIGNATURE: _____