

Temple Emanu-El Religious School Registration Form

Parent(s) name _____

Parent(s) telephone number(s) _____

Parent(s) email address(es) _____

1. Student's name: _____ DOB: _____

Hebrew name: _____ In fall, entering grade: _____

Behavioral/Medical Notes: _____

2. Student's name: _____ DOB: _____

Hebrew name: _____ In fall, entering grade: _____

Behavioral/Medical Notes: _____

3. Student's name: _____ DOB: _____

Hebrew name: _____ In fall, entering grade: _____

Behavioral/Medical Notes: _____

4. Student's name: _____ DOB: _____

Hebrew name: _____ In fall, entering grade: _____

Behavioral/Medical Notes: _____
