

2019-20 Congregation Shir Shalom Religious School Student Registration Form

One registration form is needed for **each** enrollee in the Religious School K-12 Programs.
Please return payment form, payment, registration and medical forms to Lori Stalowicz in our business office.
Membership must be in *good standing* and tuition **paid in full** for registration to be complete.

Place "A" here if student has food or medication allergies (Add details on page 2)

Prior Hebrew instruction: No Yes If not at Shir Shalom, # years

Student Name: _____, _____, _____
Last Name First Name Hebrew Name

Home Address: _____
Address City State Zip

Home Telephone: () _____

Date of Birth: ____ / ____ / ____ **Today's Date:** ____ / ____ / ____

School Attending 9/2019: _____ **School District:** _____

Do you wish mailings to be sent to a parent living in another household? Yes No
Name & Address: _____

Parent/Guardian Names: _____ () _____
Parent #1- Last Name, First Name Work Telephone

Parent #1 Email: _____

_____ () _____
Parent # 2 - Last Name, First Name Work Telephone

Parent #2 Email: _____

Cell Phone #s: () _____ () _____
Parent # 1 Parent # 2

**Contact information may be used by "Grade Parent" to create email lists.*

Important Volunteer Opportunity: Elect to be a Grade Parent!!
(Please circle one) Yes Yes/If Needed No
Please consider becoming a class parent. Responsibilities are minimal but it is in the interest of all Religious School families that each grade has a parent representative.

Class Placement Requests - Parent may request placement of their child in class with one other student. **Please do not list more than one name.** Students will be placed together *only if* it is educationally appropriate: **Name of ONE friend:**
