

2020-21 Congregation Shir Shalom Religious School
Individual Student Registration Form

One registration form needed for **each** enrollee in the Religious School K-12 Programs.
Return forms and payment to Lori Stalowicz in our business office.
Membership needs to 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)

____ Student's Grade: Fall 2020 Name of K-12 school attending: _____

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: (____) _____

Today's Date: ____/____/____

School Attending 9/2020: _____ **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.*

<p>Important Volunteer Opportunity: Elect to be a Grade Parent!! (Please circle one) Yes Yes/If Needed No <i>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.</i></p>

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:** _____